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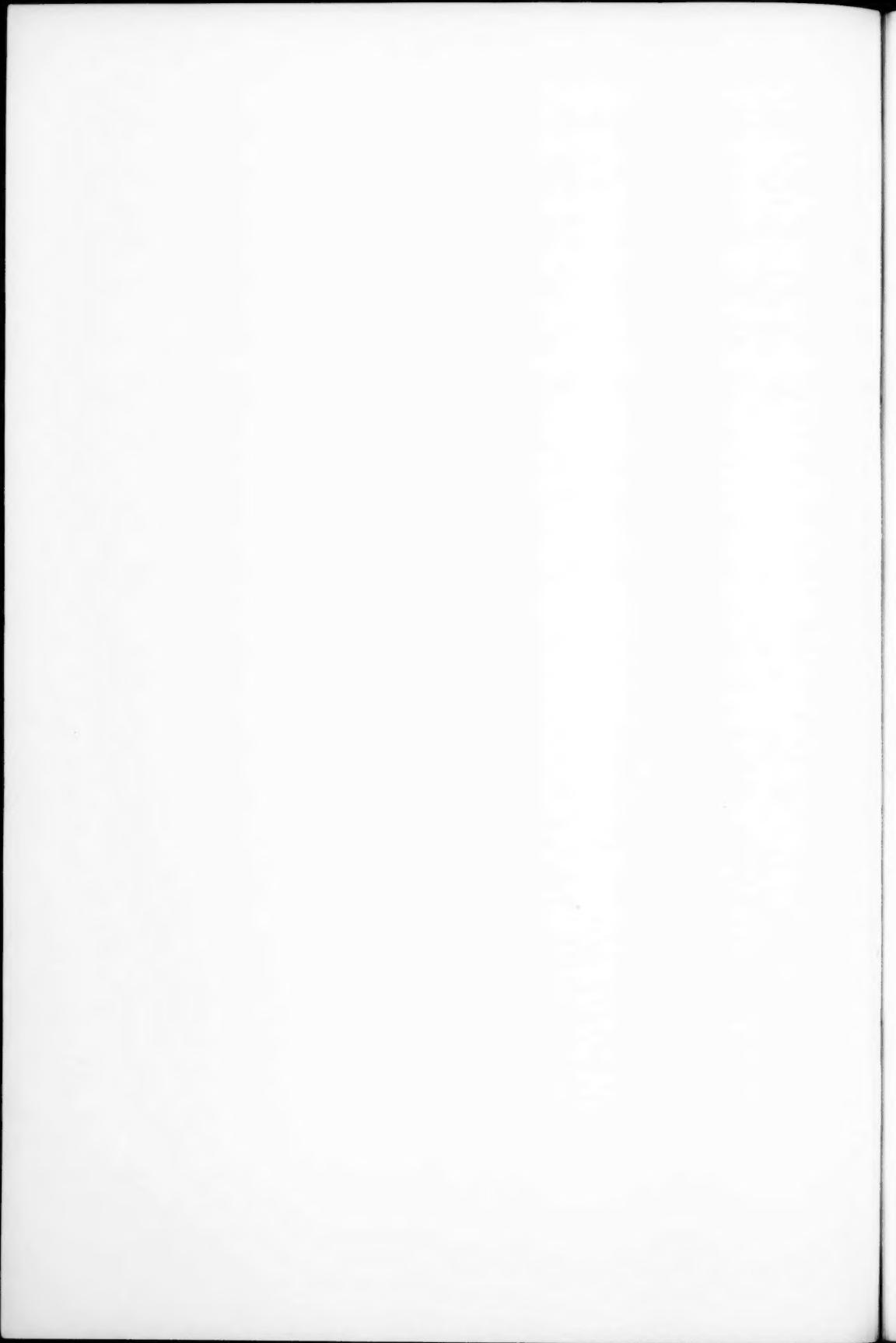
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TABLE OF CONTENTS

	PAGE
Suicide: a Review. By Phillip Polatin, M. D.	7
Lines of Development of Child Guidance Clinics. By George S. Stevenson, M. D.	31
General Summary of Reports of Surveys of Schools of Nursing in the State Hospitals, March, 1938. By Harriet Bailey, R. N.	39
The Function of the Mental Hygiene Clinic in Regard to Juvenile Conduct Disorders. By Eugene Davidoff, M. D., and Elinor S. Noetzel	45
Minutes of the Quarterly Conference—September 17, 1938	57
Report of Committee on Construction	68
Report of the Committee on Preventive Work	70
Memorial Tribute to Dr. Charles L. Vaux	72
History and Development of Creedmoor State Hospital. By George W. Mills, M. D.	77
Minutes of the Quarterly Conference—December 17, 1938	81
Report of Committee on Construction.....	92
Report of the Committee on Nursing	93
Report of Committee on Uniforms	96
Letters	98, 99
News of the State Institutions for the Half-Year Period from July 1 to December 31, 1938	100
Noteworthy Occurrences	106
Changes in Personnel in the Medical Service	128
Civil Service Eligible Lists for Positions in the Department of Mental Hygiene	133
Bibliography of Officers	138
Addresses, Lectures and Special Educational Activities	142

	PAGE
News and Comment	153
General Statistical Information	154
Census of January 1, 1939	154
Movement of Employees in the Civil State Hospitals During the Six Months Ended December 31, 1938	155
Movement of Patients in the Civil State Hospitals During the Six Months Ended December 31, 1938, as Reported by Superintendents, and Statement of Capacity and Overcrowding, December 31, 1938	156
Movement of Employees in the State Institutions for Mental Defectives and Epileptics During the Six Months Ended December 31, 1938	157
Movement of Patients in the State Institutions for Mental Defectives and Epileptics During the Six Months Ended December 31, 1938, as Reported by Superintendents and Statement of Capacity and Overcrowding on December 31, 1938	158

SUICIDE: A REVIEW

BY PHILLIP POLATIN, M. D.

INTRODUCTION

The question of suicide is one which has provoked the interest of thinking individuals from time immemorial. It has been the basis for the musings of our greatest philosophers, and many a controversy between them and the church, as well as among themselves, has had its genesis in this problem.

Why do people take their own lives, in greater and greater numbers, so that at the present time the number of suicides per year exceeds both the homicide rate and the number of fatalities from automobile accidents? Howard¹ states that in the past 10 years, deaths from suicide increased from 11 to 18.3 per 100,000 of population. These deaths equal the combined deaths from puerperal sepsis, duodenal ulcer, Hodgkins disease, leukemia, scarlet fever and acute anterior poliomyelitis. Because of the enormity of this problem, its universality, and its far-reaching consequences, a National Committee for the Study of the Prevention of Suicide has been created in the United States.

Esquirol remarked that we have a tendency to regard suicide as pathological because we ourselves set up a resistance to this problem. In an effort to arrive at some of the salient features of the subject, a brief review of the literature for the past 10 years has been attempted.

I. *Brief Statement of the Problem*

Zilboorg² states that "the problem of suicide from the scientific point of view remains unsolved. Neither common sense nor clinical psychopathology has found a causal or even a strict empirical solution." The same author³ feels that suicide is not necessarily the prerogative of the psychotic, and that this tendency may also occur in all clinical forms of mental disorder. Lind⁴ too believes that suicide may be anticipated in the nonpsychotic just as well as in the psychotic: The criteria for judging whether the suicide was the result of a sane or insane act depends upon evidence concerning his conduct immediately preceding the act, the conduct in this sense including appearance, speech and actions. Sane reasoning must be based upon correct reasoning from correct premises or from premises incorrect through ignorance. Insane reasoning must be incorrect reasoning from correct premises or correct reasoning from insane premises."

The suicidal drive, according to Zilboorg, is a universal one and may be found even in animals. He cites the example of a monkey who when rebuked, retreated to a corner of the cage, refused to eat and died. Lewis⁵

on the other hand feels that "Suicide, in the generally accepted meaning of the term, which is a phenomenon limited to the human being and consisting of a complex constellation of mental elements, comes under the category of profound pathological situations in which the regressive parts totally destroy the adaptation." This indicates that those who commit suicide or make serious attempts are in a "pathologic mental state of the dimensions of a psychosis." This author believes suicide to be the "most profound pathologic process in the field of psychology." He maintains that there are no true conclusive data on cases of animal suicide, the usual examples given being misinterpreted reactions of quite different significance.

II. *Attitude of the Ancients.*

The ancient Germans, Gauls and Scandinavians, war-like in their activities, regarded suicide as noble and highly courageous. Ofttimes these warriors would kill themselves to hasten their participation in the glories of Valhalla. According to an old Scandinavian saga, an old man dying a natural death cannot enter Valhalla, but to a suicide entrance is permitted. The Eskimos had relegated a special place in heaven for those who committed suicide. Self-destruction was an approved custom and quite frequent among the Navajo Indians, and if a Newfoundland Indian was offended in any way he would immediately commit suicide.

For purposes of self-destruction, the use of snake venom is reported as far back as 204 B. C. and to the same end the Egyptians extracted prussic acid from the peach kernel. The Romans felt that suicide was permissible to preserve one's honor; and in Massilia and on the Isle of Ceos, if an individual was able to present valid reasons for his desire to die, he was handed the cup of hemlock by the magistrate, in public.

III. *Suicidal Rituals*

Zilboorg³ mentions that in certain primitive tribes, the aged parents upon reaching the age of 60 or so, request the oldest son to kill them; to do so is an honor, but to refuse is a crime. To all outward appearances this is a form of passive murder, although in psychoanalytic terms a form of suicide. In other primitive tribes, when the chief or parents die, certain relatives will commit suicide in a ceremonial fashion by jumping into the grave. Malinowski describes the procedure of suicidal rituals among the Trobrianders. An individual insulted by another stalks to his abode, dons his ceremonial robes and followed by his parents, relatives and friends, climbs the highest tree, shouts the name of his adversary and jumps to his death.

A "sense of being wronged" associated with a possible "spite reaction" is brought into play in a Melanesian legend, related by Seligman and quoted by Zilboorg, which describes a young girl extremely fond of the

kanioga root which she collected for herself but which was eaten by her mother and aunt. Upon finishing the delicacy they requested the girl to accompany them to collect more of the root, but she refused. She then donned all her ornaments and finery, took up her pet dog and went into the bush weeping. She climbed a lofty tree, threw her dog and ornaments to the crocodile in the sea below, and then naked, threw herself down to be consumed by the crocodile.

Among the Peruvian sun-worshippers, the virgins prayed fervently that they might be the one chosen as the bride of the Sun, knowing that it meant being sealed alive in a niche in the temple wall.

The early Christians, in their endeavor to achieve martyrdom and in this way eternal salvation, threw themselves in great numbers from cliffs.⁶ Hawaiians utilized volcanic craters for this same purpose.⁷

In medieval days, the process of hara-kiri or self-disembowelment was originated in Japan, where noblemen, in order to escape the disgrace of falling into the clutches of the enemy, killed themselves. Gradually this became an honorable form of suicide, so that by the end of the fourteenth century it was considered a privilege and distinction, and was especially practiced by nobles who had offended the Mikado by being disloyal or by committing an unlawful act. The offender would receive from the ruler a gracious and courteous note accompanied by a jewelled dagger, implying that he must die. The nobleman then donned his ceremonial robes and placing himself upon a pedestal which was covered with red felt and raised several inches from the ground, in the presence of his "second," officials and friends he would make a public confession of his guilt, plunge the dagger into his abdomen on the left side, draw it slowly across to the right, and with a twist make a slight upward cut. The "second" at that moment brought his sword down upon the outstretched neck of his friend.⁸ This was considered obligatory hara-kiri, in consequence of which half of the victim's property reverted to the state. If the offender, without the Mikado's order, performed voluntary hara-kiri because of gnawings of conscience, his dishonor was eradicated and all his fortune passed to his family. The obligatory form was abolished in 1868, but the voluntary form of hara-kiri still persists and may be used as a protest against governmental policy, as an act of loyalty to a deceased superior, or in the case of private misfortune. Recently in Japan⁹ a quarrel developed between the representative of the military group and a member of another political faction over the policies of the government. The former considered that both he personally and his party collectively had been insulted, whereat the latter was moved to retort: "I shall examine the stenographic record and if I find I have said anything insulting to the army I will apologize by committing

hara-kiri. If you don't find those insulting words, you commit hara-kiri yourself."

Also in Japan there is a particular mountain which the government is policing carefully because of the thousands (particularly couples) who annually commit suicide there.

Suttee,⁸ another suicidal ritual, was long established in India until about the middle of the nineteenth century, when it was made a statutory offense by the British. This ceremonial consisted of the simultaneous cremation of a widow on the funeral pyre of her deceased husband. This self-immolation was considered by the Hindus to continue the marriage bond eternally when the couple were later reincarnated. In India, further, the festival of Juggernaut⁹ is celebrated annually. Thousands of pilgrims drag the god's car through deep sands, in the rains, to his country house, a distance of one mile—a task which requires several days. As this procession passes along the route, police are required to prevent the pilgrims from throwing themselves beneath the wheels of Juggernaut.

IV. *Suicidal Epidemics*

It has been demonstrated that suicide frequently occurs in the form of an epidemic. Numerous individuals, through suggestion by means of newspaper accounts or other forms of lurid publicity, will utilize the same method for self-destruction. Frequently it seems almost a fad, now jumping from a height, at other times employing asphyxiation, and again drowning oneself. In February, 1927, in Argentina, among all ages and classes of people a suicidal epidemic by poisoning took place. About the sixteenth century, a wave of suicides among females in Edinburgh began to assume the proportions of a major catastrophe. The practice was immediately curbed by a decree of the authorities ordering the nude bodies of such deceased to be exhibited in the market place.

Zilboorg³ cites a suicidal epidemic in France in the latter part of the eighteenth century. In the cellar of a certain house, each morning a man was found hanging in a closet from a certain hook. This state of affairs continued for several weeks and even though all doors were barred and the windows nailed, that same hook acted as the focus for a daily suicide. At length one of the police officials conceived the idea of removing this particular hook, and although there were several other hooks in the closet, the epidemic of suicides ceased.

V. *Attitude of the Church and the Philosophers*

Christianity from the outset has condemned suicide tacitly, and by the fifth century ecclesiastical law forbade it.¹⁰ In the Middle Ages, suicide was almost unknown, owing to the fear of injunctions by the church and because

of the barbarous indignities inflicted upon the corpse of the suicide. In the time of George IV the rites of Christian burial were denied the suicide and it was decreed that his body, with a stake driven through the coffin lid, be buried where four cross roads met. This decree was abolished in 1923. However, the body could be buried only without religious rites, privately, and in the churchyard between 9 p. m. and midnight.

The Brahmins and Buddhists encourage suicide, while the Mohammedans condemn it. Plato stated that no sane person would take his own life, but Aristotle felt that while suicide was an offense against the state it was not an offense against the person.

From a study of the philosophers, it appears that just so closely as they adhere to the concept of God and Christianity, so vigorously do they extol life, and inversely, condemn suicide: for example, Kant and Spinoza versus Hume the skeptic, Schopenhauer the pessimist, and Voltaire the sardonic cynic. Schopenhauer especially took issue with the attitude of the church in his "Studies in Pessimism," declaring that in neither the Old nor the New Testament is there any prohibition or positive disapproval of suicide and that the clerics condemned it on weak and inadequate grounds. He took particular umbrage at the statement that suicide is wrong, "when it is quite obvious that there is nothing in the world to which every man has a more unassailable title than to his own life and person." Pliny stated, "Life is not so desirable a thing as to be protracted at any cost . . . The chief of all remedies for a troubled mind is the feeling that among the blessings which nature gives to man there is none greater than an opportune death; and the best of it is that every one can avail himself of it." The Epicureans had no fear of suicide, while the Stoics praised it. The works of Seneca expressed the strongest approval of suicide. Schopenhauer concedes however that it "thwarts the attainment of the highest moral aim by the fact that, for a real release from this world of misery, it substitutes one that is merely apparent." By the "highest moral aim" he meant the denial of the will to live, which consists of fleeing from the pleasures and not from the sufferings of life. Suicide, therefore, was a mistake, not a crime.

A more nebulous concept of suicide is held by Mary Baker Eddy, who states, "Death is not a stepping-stone to life, immortality and bliss. The so-called sinner is a suicide. Sin kills the sinner and will continue to kill him so long as he sins."

VI. *Medico-Legal Attitudes*

In many countries suicide is legally considered a crime, and this is especially true of Great Britain. There the present legal status seems to be a

residuum from the days when a bishop and judge sat together forming ecclesiastical judgments.¹¹ A person attempting suicide to avoid criminal conviction in the thirteenth century was compelled to give up his lands or other goods. In 1870, however, these forfeitures were abolished, although suicidal attempts were still considered as crimes.

According to the English law as quoted by East,¹¹ suicide is a self-murder, a felony, and just as reprehensible as the murder of others. If a person kills himself accidentally while attempting to kill someone else, this is self-murder by felony. If on the other hand a man kills a bystander while attempting suicide, he is guilty of manslaughter, if not of murder. Anyone aiding a suicide commits as great a moral offense as in murder. If two persons enter a suicide pact and one survives, still in the presence of the other who has died, the survivor is guilty of murder. If he is not in such presence, he may be charged only as an accessory before the fact. In regard to insurance contracts, a man committing suicide voids such contract on the grounds that he may not profit by his own criminal act. The policy is not void if the individual is "insane" at time of suicide, or else only the cash surrender value may be obtained. In the United States, however, many insurance policies have the following clause referring to suicide, "If within 2 years from the date hereof the Insured, whether sane or insane, shall die by suicide, the liability of the company shall not exceed the amount of the premiums paid on this policy." East contends that only one-fifth of suicides are certifiable as "insane," although he admits that many suffer from "temporary mental disorder at time of attempt."

A person of sound mind attempting suicide is guilty of a misdemeanor, punishable by imprisonment with hard labor. Drunkenness at the time is not considered an extenuating circumstance, although the jury may determine whether there was actual intention in the act to destroy himself. The number of people being sent to prison for the crime of attempted suicide is diminishing as the psychiatric implications are coming more and more into recognition. Those who will not voluntarily enter a mental hospital are sent to jail. Levinson¹² questions the place of suicide in the criminal code and the right of the state to forbid an individual the choice of life or death without guaranteeing "that the conditions will change which influenced him to self-destruction." He does admit, however, that the law as it now stands is a deterrent. Bond¹³ deplores the tendency in England to treat suicidal cases upon sociolegal lines and to "ignore or mishandle" psychological aspects. He objects to questioning the would-be suicide as to the incidence or occurrence of suicide or insanity in the family, believing this "spreads ill-founded, possibly false doctrines as to the influence of heredity" in suicide and mental disorder, and that this may foment a

dread of liability to such a fate. As part of mental hygiene propaganda, this dread should be made to disappear, since many suicides probably result from it, together with an excessive rumination upon an unhealthy heredity.

VII. Statistics

The actual number of suicides in every country is larger than the most accurate statistics can determine, since many cases are recorded as deaths from natural causes or accidents by relatives attempting to cover up or to falsify the record, especially for insurance purposes. According to Dublin¹⁴ there are 16,000 suicides per year in the United States. In 1900 the suicide rate was 11.5 per 100,000 population. It rose to a peak of 17.8 in 1908 and fell gradually to 16.0 in 1917, the period immediately preceding the entry of this country into the World War. This rate steadily declined until it reached 10.2 in 1920, following which it again began to rise slowly, so that by 1928 the rate was 13.6 per 100,000. According to Dublin, suicide in the United States is largely confined to the white population, for out of 11,000,000 negroes only 500 commit suicide annually. Lewis¹⁵ verified this low incidence by circularizing the superintendents of numerous southern state hospitals. He obtained almost uniform reports to the effect that mentally ill negroes do not commit suicide except where there is an admixture of white blood. The highest homicide rate, however, prevails among the negroes.

Dublin states that suicide in children is infrequent, and that its incidence in adolescents has shown a definite decline. More than 50 per cent of all suicides occur in the age group of 45 years and over, and more than three times as many men as women kill themselves. Men utilize more active means of self-destruction, such as shooting and hanging. Women as a rule tend to avoid any means involving the shedding of blood or bodily or facial disfigurement; they incline to more passive methods such as poison or asphyxiation.

In times of prosperity the suicide rate declines, while in periods of depression it rises. England and Wales, however, report that the higher economic group is more liable to suicide than those in less favorable financial circumstances. The suicide rate is greater in urban than in rural communities, and the larger the city the higher the rate. In the United States, the entire Pacific Coast has a rate twice that of the Middle Atlantic group. The southern states have low rates, although southern cities have high rates. The lowest incidence occurs in such cities as Fall River, Lowell and New Bedford, while the highest rates prevail in San Diego and San Francisco. The German race in the United States has the highest suicide rate, with the English-born next and the Italians last. Irish-born have a

favorable rate, although somewhat higher than in Ireland proper. Jews have the lowest rate, Catholics next, and Protestants the highest.

Among countries in general, the highest rates occur in countries with large Teutonic populations, such as Germany, Austria and Switzerland. Next in frequency come such countries as Hungary, Poland, Czechoslovakia and Japan. There follow the United States, Sweden, Great Britain and Finland, and finally the devoutly Catholic countries such as Spain, Ireland, Chile and Cuba. It is interesting to note that in Ireland the southern portion, which is predominantly Catholic, has a rate of 3.2, while the northern Protestant area has a rate of 6.0 per 100,000 population.

Read¹⁶ finds that in England, those engaged in intellectual occupations (physicians, dentists, barristers and solicitors) are more liable to suicide than are manual laborers. The highest rate occurs in May and June, the lowest in November and December.

Minoque¹⁷ in a study of suicide in Australia found that the rate remained fairly constant from 1868 to 1932, that women have a tendency to suicide at a much younger age than men, that bachelors are more prone to suicide than are spinsters, widows more so than widowers, and that the causes were most diverse and contradictory. Lambert¹⁸ feels that suicide is not uncommon in periods of despondency brought on by opium smoking, especially among women. The morphine addict is not prone to suicide, although "if the drug is withdrawn and nothing is done to help him, he will not infrequently attempt suicide in order to obtain relief from his suffering." Anzures¹⁹ in studying cases of suicide in the Philippine Islands, found that more females than males tended to make the attempt, although more males were successful in completing the act. In this report the majority of cases were included in the age group from 21-30 years, and the greatest frequency occurred in married persons.

Whitmire²⁰ states that all suicides are psychotic. He discusses 21 patients who made in all, 39 suicidal attempts, and finds that the schizophrenic group was as persistent as the depressed patients, possibly more so. They gave no warning and the impulsiveness resulted in fatality. He found paranoid types most disarming because of an "inborn egoism" which falsely indicates a desire to prolong their lives.

Mills²¹ feels that there is a definite relationship between suicides and homicides and storm changes in temperature and barometric pressure. These changes affect our psychic reactions. In weather with falling pressure and rising temperature, the greatest number of suicides occur because "there is a feeling of futility, a lessening of mental efficiency and an inability to accomplish difficult tasks, with resulting depression." By means of graphs and maps, this author demonstrates that the suicide and homicide

rates are not highest where industrialization is most advanced, but rather where barometric pressure and temperature changes are most frequent and severe.

In an evaluation of statistics taken on 1,000 cases of attempted suicide admitted to the Detroit City Receiving Hospital, Lendrum²² found that the average male age was 33 and female 24. The highest rate of attempted suicide occurred among the negroes, the next highest among native whites, and lastly among foreign whites. Divorced females showed a slightly higher rate. Some of the motives given by the would-be suicides were as follows: unemployment, marital maladjustment, domestic discord, conflict with the law, school difficulties, and the desire to make someone sorry.

Crichton-Miller²³ finds that the following factors underlie suicidal acts: physical pain, social sufferings and fear, and doubts and dreads of the hereafter. Jameison²⁴ in evaluating the material obtained from a study of 100 suicidal patients in a mental hospital, found that 46 cases were manic-depressive psychoses, 19 cases involutional melancholia, 15 schizophrenia and paranoid conditions, 9 psychopathic personality, 6 general paresis, 4 psychoneuroses, 1 encephalitis, and 1 case of epilepsy. Although 46 per cent of these patients were in the manic-depressive group, many of the others also had a depressive setting. The author comments: "I am inclined to believe that suicide is rare in persons with psychoneuroses unless a depressive psychosis develops on such a background."

Shapiro²⁵ reports a family of four generations in which seven members committed suicide and another made several suicidal attempts. He feels that "suicidal tendencies as such are not directly inherited as a unit factor, but appear as part of susceptibility to mental disease which may be inherited." Fairbanks²⁶ remarks that "whether the tendency to self-destruction is inherited or not, the knowledge of suicides in the family undoubtedly has a suggestive influence." He also noted a "rigid" or "stubborn" personality in one-third of his cases.

Davidson²⁷ found the following outstanding personality traits in his 48 suicidal cases: egotism, sensitivity, emotional immaturity, poor reaction to failure, increased tendency to suggestibility and a strong impulse to life. Other outstanding features were, "inadequate set goals or loss of a goal accompanied by emotionalization with the result of extreme insecurity and fear of the unknown."

Mühl²⁸ made an intensive study of 500 suicides in San Diego, from January, 1911, to January, 1927. This city has the highest suicide rate in the United States. He found that 90 per cent of the cases were depressed and despondent. Twenty-two per cent were foreign born, and of these 95 per cent belonged to the Gothic or Teutonic branch of the Aryan family as rep-

resented by the English and their colonies and by the populations of Germany, Holland and Scandinavia. There were 85 per cent men and 15 per cent women, occurring in three age divisions: 45-50 years, 50-55 years, 70 years and over. Tradespeople comprised 56.7 per cent; 11 per cent were of the laboring class, 5.2 per cent professional people, and 7.7 per cent belonged to the army and navy. The highest incidence occurred in May, with April and August second. Four times as many used indoor as outdoor locations.

VIII. *Physical Factors*

Of 1,000 cases of attempted suicide and drug addiction examined by Emerson at Bellevue, 22 per cent showed clinical characteristics of status lymphaticus. "According to the combined statistics of Bartels and Miloslavich²⁹ comprising 232 cases of suicide, 80.5 per cent showed the signs of status lymphaticus at autopsy." To this Symmers²⁹ adds: "It seems reasonable to assume that congenital hypoplastic blood vessels are under indifferent vasomotor control and that this is not without influence on mental poise."

Piney³⁰ made a series of measurements of 500 bodies and found that those committing suicide showed a body-length-leg ratio of over 50. He believes that persons of this type, "among other abnormalities, have such mental characters as may lead to suicide;" that those "with leg-length more than 50 per cent of the total body-length are liable to sudden death under anesthesia" and are potentially suicidal. Strecker³¹ tends to support this view in reporting his investigation among melancholics in a mental hospital, where he found a leg-length exceeding 50 per cent of body-length in a greater proportion of these cases than in other forms of mental disorder.

Lewis¹⁵ states that suicide in epidemic encephalitis is rare and mentions McGowan's report of three cases of suicidal attempts and Hall's cases, two of whom threatened suicide and one who had made two unsuccessful attempts. At least five cases of advanced Parkinsonism following epidemic encephalitis, in which suicidal ideas have been expressed, have been observed by the writer at Pilgrim State Hospital. Two patients have made such persistent suicidal attempts that mechanical restraint for long periods of time has been found necessary, and there is little doubt that if these patients were removed from close hospital supervision they would destroy themselves. Montford³² reports the case of a female with an advanced Parkinsonism following encephalitis, who committed suicide by drinking a disinfecting fluid. Cox³³ feels that tuberculosis is not an incentive to suicide, and that the percentage of patients with tuberculosis committing suicide is small.

IX. Unusual Cases

Hennessy³⁴ cites the case of an East Indian who incised his scalp to the bone, stabbed himself twice in the abdomen, and subsequently cleaned, closed and pocketed his knife. He died as a result of puncture of the abdominal aorta.

Astreos³⁵ describes a beggar in Cyprus, 65 years of age, who frequently complained of bedbugs creeping up and down inside his abdomen. One day, using a pocket knife, he stabbed himself low in the abdomen, drawing the knife upward. His bowels protruded, whereupon he proceeded to cut out, in quick succession, three pieces of intestine, which he threw away. He was carried into the hospital 20 minutes later wrapped in dirty canvas bags that had recently been emptied of animal manure, and after an operation made an uneventful recovery, being discharged on the fifteenth day.

Beardwood³⁶ reports the case of a 50-year-old diabetic female, depressed and worried, who injected into herself 400 units of insulin in a suicidal attempt. She was discovered, and recovered under intensive treatment.

Frequently an individual contemplating suicide will plan for some time the best means to present the act in the light of an accident. He may be influenced by the desire for his family to collect double insurance indemnity, or by the wish to shield them from stigma, or by religious scruples. Battershall³⁷ reports a case of this type in which the suicide contrived an ingenious device whereby after he shot himself the revolver would be snapped back by an attached rubber band and concealed in a cotton pillow and some burlap under a work-bench 36 feet away from the spot where his body was found. However in passing through its return course, the weapon struck a flowerpot which deflected it, and this prevented its entire concealment.

Kearns³⁸ presents a case in which the striking feature is the multiplicity of bullet wounds of the heart, any one of which would appear to be immediately fatal. Another case, reported by Johnson,³⁹ demonstrates the extreme lengths to which a person will sometimes go in order to destroy himself. This patient had only a .32 calibre cartridge and a .410 gauge (12mm.) shotgun. To make the cartridge fit, he took the tinfoil wrapper from a stick of chewing gum, wrapped it about the cartridge and surrounded the whole contrivance with friction tape until it was large enough to fit tightly into the chamber of the gun. This, however, caused great loss of velocity in the barrel of the gun, and the patient received only a slight wound.

Another unusual case is described by Auden.⁴⁰ A male, age 24, was found dead from strangulation, on his back near a bed with his feet extended away from the bed. Placed across his throat was a woman's high-

heeled suede outdoor shoe, and this was laced on to a bootmaker's iron boot-last. Upon this rested a stout piece of wood which was packed into the shoe by means of newspaper; and over the boot-last and around the base of the wood, was a woman's stocking. Upon the upper end of the wood was balanced the foot of a heavy double bed, so that the weight of the bed was transmitted to the shoe and thus to the throat of the victim. The author feels that the evidence pointed to a masochistic individual whose long-practiced ritual, to obtain gratification from the pressure of a woman's foot upon his throat, had miscarried. The care with which the apparatus was contrived and the delicate accuracy with which the bed was balanced upon it, pointed to this conclusion. Consequently the author believes this to be regarded more as an accident than as a definite impulse to self-destruction.

Kahn⁴¹ reports the case of a young male who wrote his autobiography, in which he described his numerous conflicts and hinted at suicide, and who finally drowned himself. The operation of the usual mechanisms was clearly revealed here.

X. *Psychopathology*

A. General viewpoint:

Numerous hypotheses and conjectures have been postulated to explain the suicidal act. There are those who hold that it is a perfectly normal reaction without the slightest implication of a mental upset. Others consider it the mark of "temporary insanity," while still others attribute it to definite psychosis.

Crichton-Miller⁴² remarks that suicide represents "a failure of adaptation and a final regression from reality." Frustration of the sexual instinct accounts for the largest number of suicides, and especially so in male suicides in the early twenties when, in this author's opinion, the sexual conflict is the result of hypogonadism. In these individuals there is a definite pre-psychotic equivalent associated with evidence of hypogonadism. Psycho-neurotics, on the other hand, are not considered liable to suicide.

Corson,⁴³ studying cases of manic-depressive psychosis by means of the behavior chart devised by Meyer and modified by Kempf, found that suicidal tendencies and gestures were more frequent in the depressive reactions showing fear and "push" trends. Rivers⁴³ believes repression of some painful experience or apprehension produces a state of depression and dread (as in the war neuroses) and an effort to escape from this leads to suicide.

White⁴⁴ comments: "When a person really wants to commit suicide we will be pretty smart if we prevent it. The really suicidal patient usually succeeds and these include many depressed manic-depressives." Our ideals,

White continues (showing the influence of the psychoanalytic school), are formed through identification, by a process of introjection of beloved personalities. This necessarily runs the risk of including certain undesirable traits. When a beloved person fails to measure up to our estimate, melancholia frequently supervenes. In the mechanism of suicide the reaction is, not to destroy that person, but to destroy those traits in oneself.

Hoch⁴⁵ remarks, "When life is difficult, we naturally tend to seek death. Were it not for the powerful instinct of self-preservation, suicide would probably be the universal mode of solving our problems. As it is, we reach a compromise, such as that of sleep." In Roalfe's opinion,⁴⁶ suicide is a dramatic enactment upon the individual's own person of the death he wishes another.

Menninger⁴⁷ declares that suicide is the act of a diseased personality and that there are no normal suicides. Gordon⁴⁸ elaborates this point of view with his postulation of "potential" psychoneurotics and "potential" psychotics, who have simply not encountered environmental or "endopsychic" friction or obstacles. May not unexpected suicides, therefore, represent a "sudden breakdown in the potential psychotie type of patient who so far has not displayed any symptoms suggesting psychosis?" Suicide, according to this author, is impossible for the neurotic, who has a "strong fundamental set towards adjustment." The neurotic may play with the idea of suicide intellectually; the hysteric especially may delight in dramatizing it—but the actual suicides in such cases are merely "dramatic touches ending in disaster." If a patient who has been diagnosed as neurotic commits suicide, the probability is that the diagnosis was wrong. Suicides belong to a type of personality potentially psychotie.

Kræpelin held that 33 per cent of suicides were psychotie. Esquirol regarded suicide as a special form of insanity. Hoch found suicides to be constitutional psychopaths or borderline psychotics. The Metropolitan Life Insurance Company found that of 2,000 suicides, 18 per cent were psychotie.

Davidson²⁷ describes the following mechanism: "At the time of suicide, the individual has reached the limit of his resources. He has lost his goal, which represented all conscious and unconscious cravings, and reached a state of extreme insecurity projected in fear of the unknown. The conscious motive, no matter how inadequate it may appear, mirrors the entire affective constellation of the individual. The motive, perhaps playing the role of a 'dominant,' produces an extreme contraction of the field of consciousness, a state of inattention to life." A state of psychosomatic imbalance is produced, with resultant general organic depression and inability of the higher center to control incoming impulses and choice of action. The

individual ceases to will, giving way to imagination, with resultant cessation of the normal automatic rejection of what is unhealthy.

Mühl²⁸ emphatically states that "suicide is the most primitive form of regression," an admission of a "total failure of adaptability and adjustment. . . The total picture is that of a failure at some level and this failure is never a sudden one, but one that has been developing insidiously over a long period of time." Lewis¹⁵ believes that suicidal trends are present in practically all persons. "There must be a common denominator or set of factors in suicides. This seems to be a variety of pathological set toward adjustment which characterizes the potentially psychotic person, this particular variety leading, however, to a total regression into permanent unconsciousness."

To Read¹⁰ suicide illustrates the "inherent desire in the mind of man to evade the difficulties and problems of life, to return to the source of life," the mother, and to find that prenatal state which is free equally of needs and of responsibility. "In the face of disappointment and frustration of instinctive desires, the mind of those so predisposed may easily regress." This author believes many so-called normal people commit suicide. He does not regard suicide itself as sufficient evidence of mental disorder, and flatly rejects the assumption of "temporary insanity." Suicides occurring in patients with dementia praecox are desperate, bizarre and grotesque attempts. "Hallucinations may order their self-destruction, or else persistent paranoid delusions may cause them to seek refuge in death from their persecutors. So with sufferers from senile mental disorders, paranoia or general paresis."

B. Psychoanalytic Concept:

Freud approached the problem of suicide first from his study of the normal process of grief and mourning, and then from the comparative study of mourning and melancholia (a pathological depression). In 1918 Freud summarized the result of a symposium on suicide with the statement that, despite the variety of interesting leads, no definite conclusions could be drawn regarding the problem. He continued to devote to it a great deal of time and study, however, and in his paper on "Mourning and Melancholia"⁴⁹ propounded his classic concept of pathological depressions and suicide. Zilboorg³ summarizes the general psychoanalytic concept of the state of pathological depression as follows:

The patient has a "specific set of unconscious fantasies which determine his mood, his whole illness, and a characteristic emotional attitude toward the world which determines his behavior. He identifies himself with another person whom he once loved and then hated; he then loves and hates

himself and falls victim to this internal raging battle. The identification, however, in order to produce a depression, is of a special nature and is based on a particular type of fantasy, a special mechanism. This can be described as follows: The subject is under the dominant influence of a fantasy that he swallowed the once loved and then hated person; he becomes that person and hurls the whole mass of his hostility on this internalized person; the process of being hostile to the internalized person or persons is perceived as depression, self-depreciation and self-hatred, while the act of murder of that person or persons is the act of suicide . . . The unconscious sadism originally directed against the object, reinforced by a sense of guilt, produces the singular phenomenon of the person's becoming sadistic toward himself."

Freud¹⁹ originally stated, "It is this sadism, and only this, that solves the riddle of the tendency to suicide that makes depressions so interesting and so dangerous. As the primal condition from which the life instinct proceeds, we have come to recognize a self-love of the ego which is so immense, and in the fear that rises up at the threat of death we see liberated a volume of narcissistic libido which is so vast, that we cannot conceive how this ego can connive at its own destruction. It is true we have long known that no neurotic harbors thoughts of suicide which are not murderous impulses against others redirected upon himself, but we have never been able to explain what interplay of forces could carry such a purpose to execution. Now the analysis of depressive psychosis shows that the ego can kill itself only when the psychic energies, which were originally attached to the object, have been withdrawn upon the ego and the ego can treat itself as an object, when it is able to launch against itself the animosity relating to an object—that primordial reaction on the part of the ego to all objects in the outer world. Thus in the regression to narcissistic object choice the object is indeed abolished, but in spite of all it proves itself stronger than the ego's self."

Although Freud doubted the possibility of suicidal attempts in compulsive neurotics, where there is preservation of the object serving as a means of security to the ego, Zilboorg has shown several cases of suicide in compulsion neurosis, without marked evidence of depression but with agitation and bitter aggressiveness. These patients presented characteristic anal erotic traits of irritability, spitefulness, sarcasm, stubbornness, contrariness and parsimony, with a fear of dirt and disease. "The well-known childish fantasy, 'When I am dead they will be sorry,' finds its literal expression in their mental life, and their self-murder appears to be an act of aggression against the world, a real act of revenge . . . spite reaction."

Zilboorg has also demonstrated by case presentations another clinical type of suicide; namely, the person who as a child identified himself with a dead person, or a circumstance bringing the theme of death into the child's life at a crucial period in the psychosexual development—that is, either at the height of the Oedipus situation (six years) or at the time of puberty. Such factors "make suicide a highly probable outcome," particularly if they occur with a background of "strong and constant stimulation of the child's attachment to one of the parents or to their intimate life (such as sleeping in the parents' bedroom until or beyond the age of six). From this Zilboorg concludes that a potential suicide bears strong clinical evidence of marked unconscious hostility with an unusual degree of incapacity to love others, together with features of a depression. The patient may not necessarily express suicidal ideas. Zilboorg cites cases not only of depressive psychoses and compulsive neuroses with strong aggressive drives without depression, but also of schizophrenies without depression who attempt suicide. In some cases it is not possible to demonstrate the mechanism of depression as the only determining factor. "In fact, clinicians observe patients displaying the operation of this mechanism without the suicidal drive being either directly present or effectively operative when present." Hence the presence or apparent absence of depression cannot be considered a reliable diagnostic and prognostic criterion.

Abraham⁵⁰ sees an expression of suicidal tendency in the process of starvation or the refusal to take food, especially by depressed patients in the involutional period. The patient mourns for his lost capacity to love. His libido has regressed to the oral or cannibalistic stage. While the libido of the obsessional neurotic is predominantly hostile towards the love object and wishes to destroy it, the melancholic unconsciously wishes to destroy his love object by "eating it up." Hence the self-accusation, the refusal to take food, the self-punishment of the threatened death by starvation: the oral zone is punished. The attempted suicide is really an attack on the introjected love object, combined with an impulse to self-punishment. The melancholic is trying to escape from his oral-sadistic impulses (ambivalence).

Oberndorf and Meyer⁵¹ in discussing the mechanism of identification and introjection in melancholia, say, "The hate and sadism implicit in the depressive's object-relationship are turned upon the patient himself. Suicide becomes possible because it is murder—committed reflexively." Clark⁶ states that "one almost invariably finds an onanistic, an incest, or an inversion motive at the bottom of the suicidal impulse."

A. A. Brill has stressed the importance of what he terms "psychic suicide." He demonstrates this by the example of a sea captain who after

many years of service in charge of a large ocean-going vessel, was told by the steamship company officials that after a final voyage he would be retired. After supervising the successful docking of the giant liner from his bridge, and without any previous indication of illness, he was found dead. Another example is that of a native in one of the primitive tropical countries, who after being rebuked and threatened by the shaman or priest, was found dead of terror in the fields. In none of these cases was there any evidence of a violent death. They merely died, examples of "psychic suicide."

C. The Adlerian Viewpoint:

According to Adler's concept⁶ the development of every growing child is shaped by two powerful influences. His obvious dependence impresses him with a sense of his inferiority and gives rise to countless reactions. His protest is based on the need to refute this inferiority and upon a desire for independence. At the same time, however, he fears being put to the test that would expose his weakness. Suicide has for its motivation this escape from inferiority. Death is desired because it will give pain to oppressors.

XI. *Partial Suicide and Suicidal Tendencies in Everyday Life*

This question of suicidal drives in the everyday life of the individual or focal expressions of a suicidal tendency, has received its greatest impetus for study from the teachings of the psychoanalytic school. Lewis quotes the opinion of Heberden who said, "I believe that loss of appetite without an obvious physical cause is a partial expression of deeply-seated suicidal tendencies. The loss of appetite is the despair of nature yielding up her power to the force of the disease." Certain persistent insomnias have been shown by psychoanalytic studies to have their origin in a suicidal drive, as has been the case in studies of drug addiction, excessive sexual activity and passionate gambling. Lewis⁵² presents several examples showing a close relationship between self-castration and suicide with the common basis for both located in the Oedipus situation. He mentions as examples of focal suicide, self-mutilations outside of castration, religious mutilations, the malingering of diseases, the "need" for numerous operations, and purposive accidents.

In this last regard, Menninger⁵³ has made an extensive study which leads him to the conclusion, "In many accidents the body suffers damage as a result of circumstances which appear to be entirely fortuitous but which in certain illuminating instances can be shown to fulfill so specifically the unconscious tendencies of the victim that we are compelled to believe either that they represent the capitalization of some opportunity for self-destruction by the death instinct or else were in some obscure way brought about

for this very purpose . . . The significant and differential thing about purposive accidents is that the ego refuses to accept the responsibility for the self-destruction." Even laymen recognize these purposive accidents by referring to them with occasional irony as being done "accidentally on purpose." In one year Menninger collected newspaper clippings of four instances of the same unusual occurrence—namely, of individuals being themselves killed or wounded by traps they had set against unknown intruders. In these accidents Menninger sees the operation of a death wish against some person for whom the unknown marauder is only a symbol; the unconsciously willed act of self-destruction punishes the unconscious fantasies of the victim.

Abraham⁵⁴ states that "when a person has lost all pleasure in life, and the thought is obviously present in his mind that it would be better to die . . . and when that person meets with an accident under circumstances which suggest that it might have been avoided, then I consider that we are justified in assuming . . . an unconscious intention of suicide." Menninger applies this causation to many automobile accidents; even laymen often remark of a reckless driver, "He must want to kill himself." Self-mutilation accidentally performed would be another form of focal suicide, representing the unconscious indulgence in erotic and aggressive tendencies, for which the local self-mutilation is a punishment which ransoms and protects the ego from the imposition of the death penalty. A case is described of an individual who met successive disasters with uncanny and incredible regularity (Time Magazine, March 19, 1934). Three times this man had been struck by lightning; had been buried alive in a coal mine, blown through the air by a cannon, losing an arm and an eye; also been buried alive under two tons of clay. He had fallen 30 feet from a cliff, had been thrown by a horse and dragged through a barbed wire fence; and had fallen from a speeding bobsled, fracturing his skull. At 80 he recovered from double pneumonia; at 81 was stricken by a paralytic stroke; at 82 was run down by a horse and wagon, and at 83 was not only run over by an automobile, but slipped on the ice and fractured his hip.

Schmideberg⁵⁵ enumerates many suicidal substitutes which are unconsciously linked with suicidal fantasies, such as obsessional traveling, sexual promiscuity, prostitution, going to prison, breaking off the analysis, hysterical fits, fainting, sleep and physical illness. Menninger⁵⁶ cites other examples of chronic self-destruction, such as excessive alcoholism, skin digging, biting off nails, compulsive scratching, malingering in which the individual injures himself to secure attention, pity or money, attempts on the part of neurotic patients to persuade surgeons to remove part of or an entire organ, and asceticism (living death). He describes the case of a woman who was

removed against advice from a mental institution by her mother, and soon after removal killed her own baby. She became agitated, escaped from home, placed her right arm (the arm that killed her child) on a railroad track and allowed a train to amputate it. She recovered immediately from her mental condition and has remained well since. There may be an organic self-destruction, with the impulse carried out through the autonomic nervous system—for instance, in the gatrointestinal process where excessive emotional stimulation of the stomach leads to gastric ulcer.

Read¹⁶ presents the same unconscious suicidal drive for those who are careless of their foothold when mountain climbing, who disregard danger notices when bathing, who are indifferent to traffic warnings, or who are in general neglectful of their health.

XII. *Situational Suicide*

Kipling advised the British soldier as follows:

“When you’re wounded and left on Afghanistan’s plains
And the women come out to cut up what remains,
Just roll to your rifle and blow out your brains,
An’ go to your Gawd like a soldier.”

On the surface this poem would appear to be an invitation to suicide. Closer study of the circumstances to which Kipling referred reveals, however, that the helpless wounded soldier knew that death was imminent if he was not speedily rescued by his comrades. Either the vultures would peck out his eyes and tongue, or this would be done by the Afghan women who would also emasculate him. The choice therefore was not between life and death, but between speedy, and slow, torturing death. The choice of suicide in such cases raises the question whether it can be said that the death wish is operable here, or whether the act of self-destruction is not a reaction to a situation over which the individual has no control.

A similar distinction may apply to the obligatory form of hara-kiri, and to the ancient Greek practice of offering the cup of hemlock to political and military offenders—both practices presumably based on the principle that it was more honorable to receive the punishment of death at one’s own hand than at the hands of the state. The consent of the will to death was doubtless implied here, but the powerful influence of the mores compelling that consent cannot be overlooked. In actual fact, these offenders had no choice; suicide was enforced to carry out the state’s sentence of death—a situation from which there was no escape.

XIII. *Prevention and Treatment*

Most investigators feel that once an individual is determined to commit suicide he will do so in spite of every effort made to prevent it. The point

of greatest importance is to recognize when suicide is imminent or possible and then to take proper steps to guard against its occurrence, frequently by placing the individual in a protective environment. All patients with depression should be treated as potential suicides. Frequently the family physician will advise such patients to take a trip, to go to the country, or relax on a sea voyage as a remedy for their troubles. Such suggestions are extremely impractical since patients cannot run away from themselves, and as Mühl²⁸ points out, "Physicians should be extremely cautious about advising people who are inclined to despondency or depression to go to a place where their regressive tendencies are apt to crystallize in the form of suicidal attempts. They may not commit suicide, but they have a far greater chance to be inclined to do it than in other places."

Careful study has enabled many investigators to recognize danger signals in patients with an active suicidal drive. Jameison and Wall⁵⁷ enumerate the warning signs that may be looked for in potentially suicidal patients in mental hospitals:

1. Severe hypochondriacal and nihilistic ideas with veiled death wishes in the trend.
2. Insomnia—not the actual sleeplessness itself but the apprehension and agony concerning its possible effects.
3. Persistent worry over "losing control," over "going insane," and analogous ideas.
4. Sense of guilt with persistent concern about punishment, especially by torture of one kind or another.
5. Evidence of aggressiveness, indicated by surly, impatient and irritable attitude, together with assaultive tendencies.
6. Sudden improvement in a depressed, hopeless, and perhaps delusional patient.
7. History of previous half-hearted or serious attempts.

There is an erroneous concept, commonly maintained, especially by the general medical profession, that individuals who speak of suicide will never commit it. The expressed idea must on the contrary be considered a warning. Fairbanks²⁶ points out that of his series of 100 cases of attempted suicide, one-third had previously suggested their intention. Another third gave very definite danger signals by making earlier attempts. Other warning signs are restlessness and floor-pacing of patients who have shown no previous agitation, attempts to pull away from nurses or attendants while being escorted to other parts of the building, overeagerness to join in some extraward activity in a patient who has previously manifested no such interest.

Ring, as quoted by Lewis, presents certain personality traits and other factors as predisposing to suicide. These are: tendency to idealism and daydreaming, late maturity, backwardness in development, and instinctive feeling tone of self-depreciation and self-abasement.

Zilboorg emphasizes that even in cases of compulsion neurosis where depressive features are incomplete and poorly defined, one must regard as danger signals of an impulsive suicidal act such symptoms as agitation, mild panicky states, sarcasm when associated with definite aggression and reactions of hate and spite. The significance of insomnia in depressed patients is stressed by other writers.

Read urges the creation of a healthy emotional foundation in childhood as an extremely important preventive measure, advising general practitioners in particular to have immediate recourse to child guidance clinics when confronted with problem children, since certain childhood symptoms may indicate possible suicidal tendencies in later life.

Lewis has presented a comprehensive program for the prevention and control of suicide: (1) Reassuring education of the masses in the procedure to carry out in the event of gradually increasing mental depression; (2) Teaching school children how to accept and most satisfactorily live their lives; (3) The betterment of economic conditions; (4) Establishment of more psychiatric clinics to deal with borderline cases, as well as more special psychiatric units in general hospitals, with dispensary services to meet the needs of the community. Lewis deplores the "heavy load of disgrace" which makes it difficult to restore the would-be suicide to public relationships once his attempt has been broadcast in the press.

Davidson would keep "mild" suicidal patients at home and hospitalize "severe cases." He would gain the patient's confidence, counteract fear whenever possible, keep the patient occupied and utilize suggestion therapy, creating an adequate goal for the patient. The administration of pituitrin benefits the insufficiency symptoms and hypochondriasis, "since somatic symptoms have roots in endocrine dysfunction, especially lack of sex hormones, due to glandular hypofunction as result of biochemical changes following capillary dystonia."

Insulin and Benzedrine Sulfate have been of definite value in the experience of some investigators treating suicidal patients. These drugs have a stimulating effect on the retarded physical functions, influencing metabolism and the central nervous system. Intensive psychotherapy, a sympathetic attitude with a positive transference and synthesis, are important aids in the hospital treatment of depressed patients with suicidal drives. Cleaver⁵⁸ recommends that suicides should "have their bodies stripped of clothing and hung up for public gaze," as a preventive approach.

XIV. Summary

A brief review of the literature in English for the past 10 years on the problem of suicide has been attempted. This problem has existed for centuries, has occurred in epidemics, has been unequivocally condemned by the church, and been the subject of much controversial speculation by ancient and modern philosophers.

Among primitives and even at the present time, especially in India and Japan, suicide has assumed the form of a ritual. Voluminous statistics have been collected in regard to its incidence, none of which are conclusive; nor has any definite etiology been demonstrated scientifically. Some investigators feel it is the prerogative of the mentally ill, others that it is a universal drive and may even occur in the higher animals.

The suicidal impulse may be a partial one and may manifest itself in various ways without entailing the death of the individual. The Freudian psychopathology of suicide is most widely accepted.

As Zilboorg states, "There is an impressive parallelism between the traditions of primitive races relating to suicide and the suicides of today. It appears also that not only do typologic impressions find their counterpart among extant primitive races but the clue to the understanding of the deeper determinants and of the causal constellations leading to suicide must be looked for in anthropologic data which are not yet made available to the clinical psychopathologist."

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LINES OF DEVELOPMENT OF CHILD GUIDANCE CLINICS

BY GEORGE S. STEVENSON, M. D.

I have frequently been asked the question "Where is the child guidance clinic going?" The fact that these clinics are unencumbered by capital investments makes them fluid, and allows them to grow and change more easily so that this becomes a natural question.

As a background, I should like first of all to say a few words historically since guesses about the future must come out of the past. To begin with, the prenatal history of child guidance, like that of any other field, is so bound up in the history and development of older cultural movements that its ramifications can be traced only in very incomplete form. Medicine in the far past thus is rooted in religion, chemistry finds its background largely in medicine but all have received impetus to growth from other sources. Child guidance found its impetus largely in the courts, in social work and in educational fields, where the needs of children were inescapable. But while the child guidance clinic found its impetus there, it found its techniques, concepts and theories largely in psychiatry because it encompassed the peculiarly psychiatric phases of the guidance of children. Since coming into being it has further broadened its relationships in directions that were not so evident in the beginning, such as pediatrics.

Nineteen hundred and nine seems to be a good birth date to select for child guidance clinics for then they seem to have gotten their start in viable form and in significant quantity. The demands of the impelling fields, particularly the court, then found clear enough need for psychiatric help to establish a psychiatric clinic. I refer to the Juvenile Psychopathic Institute at Chicago under Healy. The early years of this baby were typical. Many came to see it, to go away either to praise or to belittle. Its early growth was slow. It was eight years before the movement produced a second clinic, the Judge Baker Foundation in Boston. By 1922 enough child guidance servicee in the United States had been organized on an independent basis to warrant the conclusions that the pattern was workable, and that the functions of a clinic were to date the best utilization of our experience and our logic in dealing with behavior problems of children. It would probably be going too far to claim great success in curing cases. Cures are very hard to prove and I do not feel that we are obligated to justify our social endeavors in their beginnings in terms of their success with cases. If such had been our theory we should have made no progress at all. Our obligation is, I believe, to deal with our problems in the best and most critical way we can whether results appear at once or not. Only in this way can

we understand our limitations and obstacles and move toward a method that does produce results. In this sense these earliest child guidance clinics were eminently successful. They searched with open minds for any help that would bear on their work. Starting with just a psychiatrist, psychological and social work came to be added to clinic procedures because the cases showed the need for these associated techniques. This openness has kept the clinic in a safe position and allowed it to experiment and to incorporate in its procedures anything that could improve its service. Today this experimentation is still going on. Within the clinic, pediatric service, recreation, sociology and other broadening influences are continually being experimented with.

It was this kind of success in putting into practice the best knowledge and technique available that induced the National Committee for Mental Hygiene with the support of the Commonwealth Fund, to travel about the country with this baby, tell about it, show it off, and demonstrate how it worked. There is only one community in which this demonstration was conducted over a five-year period that has not continued to support its child guidance clinic.

While courts were the original sponsors of child guidance clinics, this five-year demonstration program brought the clinic into the sphere of other agencies, schools, courts, hospitals, state departments, universities, social and health agencies. This diverse interest and sponsorship raised new problems and revealed the need and opportunity for improvement both clinically and in community relationships.

In 1926, the needs for the continued growth of child guidance induced changes in the program of the Commonwealth Fund. Since a goodly number of well-organized clinics existed, demonstration ceased. Future growth promised to depend on technical advances. Consequently demonstration was replaced by experimentation and research, and training of psychiatrists, psychologists and psychiatric social workers at the Institute for Child Guidance, and the National Committee for Mental Hygiene undertook to provide assistance to communities in developing and maintaining good child guidance clinic work. This latter entailed the promotion of quality of personnel, adequate community preparation for clinic organization and interchange between clinics in order that each might contribute from its experience to the efforts of others.

By 1926 the total child guidance service in the United States had risen to the equivalent of forty clinics. These functions carried on by the National Committee for Mental Hygiene have continued but have been expanded somewhat. In 1933, discontinuance of the Institute for Child Guidance almost completely eliminated the training resources for child psy-

chiatri. The National Committee for Mental Hygiene felt the backwash of this. There was difficulty in getting adequately prepared staff for new clinics. In 1936 it was enabled by the Commonwealth Fund to set up a new training program in collaboration with several outstanding clinics. This is the present arrangement under which 10 to 12 psychiatrists a year are given a carefully planned training.

It is obvious that to help in the progressive evolution of child guidance clinics, the National Committee for Mental Hygiene requires more than an office in Radio City and a chair from which to make pronouncements; clinics must be visited in order that their experiences may be studied and understood, and to carry to them such experiences gained in other communities as they may need to know about. Communities in the process of organizing their clinics need all these past experiences pulled together in ways that fit their peculiar conditions. If the National Committee for Mental Hygiene has any authority, it is an authority borrowed in this way by regularly visiting once a year all the clinics of the country having a psychiatrist on at least half-time.

But by working in this way, the major attention in the past has been centered on larger clinics and thus on larger communities. This emphasis does not imply that the larger clinic is more important, but rather that it is the point at which a beginning could be made most easily. It is easier to support and conduct a clinic in a larger community where questions of traveling, of dispersed population, and of limited community resources are not so serious. In other words, that is where clinics were developing with the greatest degree of conscious planning.

To date, approximately 80 per cent of the service offered by child guidance clinics is offered to communities with over 150,000 of population, whereas the smaller community, the type that holds 75 per cent of the population of the United States, has had but 20 per cent of the total service. Furthermore, this 20 per cent has been conducted for the most part in a rather planless way. This fact is crucial to the planning of State services because it defines the unmet need to which the State may respond.

While attention has been centered upon large urban child guidance because it was possible to get directions better in that way, the question of how to plan for small urban and rural service has been constantly in evidence. Just as from 1909 to 1917 the procedure was to follow one's nose in developing urban service, so of recent years this has been true of rural service. Just as in 1920 it was necessary to study carefully what the "follow-the-nose" procedure had revealed in urban work, so now it is in order to glean some general principles from efforts at rural work. With this in mind, the National Committee for Mental Hygiene has conducted over the

past seven years an intensive study of these rural experiences. One of its staff spent nine months in one state alone, shuttling from state department and clinic to community, in order to get values, criticisms and recommendations from both sides. Eighteen states in all were covered. No one of these states has made as intensive a study of its own situation as was made in each of these 18. It was not the object of this study to report on the states, and so we got a fairer picture than we would have if we had planned such a report. The object is to give a general picture of state provision of child psychiatry. The field work of this study was performed by Miss Winifred Arrington and Miss Dorothy Brinker. The monograph that has just been submitted for publication by the Commonwealth Fund was prepared by Dr. Helen Witmer. The experience of these states tells us some interesting things about the function of the state, the purposes of the clinic, the auspices of clinics, the methods of clinics, relationship of clinics to communities they serve and qualifications of staff. States have been justified in following their noses in the past, provided it was done increasingly critically. Has it been? Are they going to keep on merely following their noses, or have they reached a point where they shall progress with more design and consciousness of what is involved? I shall try to give some of the highlights of this study.

Why have clinics? We have led others to believe and perhaps ourselves that they prevent mental disease, that they save money by keeping patients out of institutions. We have been justified in proceeding with the motive of prevention provided it is not more than tentative. Perhaps we shall be justified to continue to work on this basis tentatively and experimentally because it is the best lead we have at present to prevention in certain types of mental disorder, but no matter how much we may convince others of this we must be careful not to lose our own critique and convince ourselves that prevention is certainly being accomplished. Actually, there is no conclusive evidence at present that clinics do prevent. There is convincing evidence in a few cases, but nothing bearing on the major work of such clinics. But the experience of years has shown the value of such service to children with problems of adjustment who could not and should not be considered prospects for a mental hospital. We are on safer grounds if we limit our claims to results on this basis, and we make it easier for the community to refer a child to the clinic than if they must tacitly or otherwise decide that he is headed toward insanity. It makes it easier also for the child who attends the clinic.

Probably the first question to be raised about state service of this sort is: What is the role of the state? Is it to assume control of and responsibility for all such service within its borders, or something short of this? I believe

an early decision on policies is important to avoid steps that may be hard to retrace. My own conclusion from experience that has accumulated to date would be about as follows: The state should make provisions for the psychiatric needs of children to the extent that the localities are unable to make such provision. This implies an equalizing function of the state, a function that is well accepted in several fields, particularly in education. It implies a central authority that can determine the extent of local potentialities and steps for reaching them. The state would have to know its communities individually so as to neither do things that they can do themselves nor deny them help that is beyond their resources. It implies an understanding with each community prior to the granting of service whereby as much of the responsibility as possible will be carried locally in order that they will accept the state as helping them rather than to consider that they are helping the state. It implies, therefore, that local leadership, such as a clinic committee, is an important prerequisite, that an early step by such a committee is the formulation of a local plan and the request for necessary state help, and that the state can be helpful in such planning. If the local community, like Syracuse, is large enough for eventual complete autonomy, the steps toward this goal should be defined. If it can promise part-time of a psychiatrist or full-time of a psychologist or psychiatric social worker, this should similarly be done in a series of steps that will allow the state to withdraw in a reciprocal way within a stipulated time. On this basis, the state can justify the granting of first attention to communities that can assume the fullest responsibility themselves. But care is necessary in such a plan that the community be not stimulated prematurely, that it be prepared to use service when it is launched, and that it be ready to assume full responsibility when such is turned over to it. The state needs to be careful lest it be drawn into giving permanent provision to a community beyond what is necessary from outside sources. In accepting a serious responsibility for child psychiatric service a state needs at every step to reconcile its movements with the size of the total job and eventual coverage with good technical work at the level which the community can use and within the funds reasonably available.

It is perhaps necessary early in the provision of state service to come to a clearly expressed policy as to type of service. The type of service must correspond to the community's need and to its capacity to use service. If what is needed and all that can be used is the diagnosis of mental deficiency looking merely toward commitment, it is wasteful and delusive to spend time on the definition of psychotherapeutic plans whose execution rests on local resources although the fact that there is something beyond mere diagnosis should be constantly emphasized as a stimulus to growth. If neuro-

logical disorders leading to behavior difficulties demand attention, there is a place for this. If local resources warrant attempts at psychotherapeutic effort, this may be done within the limits of the service available and need not be patterned after the urban clinic. Local agents, such as teachers, are very properly skeptical of the value of single brief examinations as the sole service of a clinic.

One of the most important determinants of a successful state program is its personnel. Proficiency in child psychiatry is not a by-product of hospital psychiatry, although this is important as a foundation. More and more, as we critically evaluate our training for this field, are we finding it necessary to strengthen certain aspects—a general knowledge of child development, a knowledge of community functions and how communities are organized to perform the functions particularly of education, protection, health and welfare, how they affect child behavior, and how to collaborate with them. Knowing the difference between commonsense advice and a specific psychiatric knowledge of therapeutic procedures with children, appreciating the need for joint effort on cases with psychologists and psychiatric social workers, a knowledge of standards of personnel and training in these fields is all important to clinic staff in understanding their functions.

Some of the defects of personnel disclose a defect in the preliminary or introductory hospital experience wherein all too often cheap labor rather than professional development has been the determining motive, and essential orientation in general psychiatry has been ignored. This applies to social workers as well as to psychiatrists. I should qualify such a statement here, for, in a recent canvass of hospitals to determine their plan of psychiatric training of new appointees, New York showed up relatively well, although there were exceptions, and the program being developed by our present Commissioner, then at Pilgrim, was clearly at the top. The importance of a sound basic training in psychiatry is, however, something to keep in mind along with sound training of all personnel. The major defect in the social service personnel is even more serious. All too frequently no provision at all is made and the potential contribution of the social worker is insufficiently appreciated. Wherever this is the case inadequate standards of social work personnel are inevitable.

This brings us down to a very important and very "ticklish" question: Under what auspices should a state program of clinical child guidance be conducted? Our study showed almost every imaginable plan, under departments of education, health, welfare and mental hygiene, and under state universities. This fact merely indicates that all these agencies have a stake in the service and the one to realize it first often sets the pattern.

Such being the case an interdepartmental advisory council of some sort is indicated.

The department that has to do with state hospitals and schools for mental defectives is the prevailing sponsor of child guidance clinics at present. This seems to be fairly satisfactory, especially if relationships to other departments are taken into account. The chief question is: Should the actual budgeting, supervision and planning be centralized in the central department or in the institution, or, to put it more directly, does the state hospital or school provide good auspices for a child guidance clinic? There are good arguments for and against. This is in part because different hospitals exert different influences on the clinic and on the community. There is evidence that the association of a clinic with a hospital tends to clothe it with the same attitude that the community bears toward the hospital. This is sometimes overtly expressed and sometimes shown by the types and sources of cases. People generally have not yet accepted the idea of psychiatric service for misbehaving children, to say nothing of shy children. Since the public generally does not feel comfortable about mental hospitals, the study of communities having clinics under such auspices will reflect an adverse attitude in proportion to the emphasis placed on this association. This is a reality that has to be faced if we wish to reform the attitude toward either clinic or hospital.

I do not think, however, that I am ready to dismiss the hospital as the proper auspices for a clinic. I am not sure that there is any satisfactory substitute in the long run. I think it is rather a question of building up the hospitals' qualifications in this respect and, in the meantime, maintaining the child guidance clinic under separate auspices or soft pedaling the association without further casting a shadow on the hospital. I believe that the child guidance clinic has appeared on the scene ahead of its place in the normal evolutionary process of the hospital, or, to put it differently, the natural line of growth of a hospital toward its community, its parole and subsequent adult service is lagging. When these services are better developed, I think we shall know better how the child guidance clinic and hospital can be related. I should hope that the clinic would come as the third step in this sequence of extramural activities. After discussing this question, it may be an antielimax to consider the types of cases to be handled, whether gross and milder, adult and children, delinquent and undelinquent, normal and feeble-minded and whether they should be mixed in the same clinic. There are certainly problems involved in these mixtures, but there seem to be solutions in such procedures as assigning certain days or careful planning of appointments.

Looking ahead, I should think it might be possible some day to achieve some such plan as this: A state-wide system of state and local child guidance clinic activities in the ratio of one psychiatrist for every 200,000 population with all grades of partnership between state and community and with just a cordial relationship at one extreme and full authority at the other; a personnel that is well prepared for its job and related through a central department, and a research and training center for such personnel; a hospital that is the mental hygiene center of its district and a clinical service in all aspects of psychiatry, not impinging on private practice; a council of state departments to relate the mental hygiene activities of each department to these clinics and vice versa.

National Committee for Mental Hygiene
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GENERAL SUMMARY OF REPORTS OF SURVEYS OF SCHOOLS OF NURSING IN THE STATE HOSPITALS, MARCH, 1938

BY HARRIET BAILEY, R. N.

Herewith submitted is a resumé of some of the more important facts which this survey disclosed and which have received comment in the reports submitted to the schools.

Scope of Survey

The following schools and hospitals were visited:

- 18 State hospitals
- 1 State hospitals without students
- Psychiatric Institute and Hospital
- Syracuse Psychopathic Hospital
- Psychopathic Division, Bellevue Hospital
- Neurological Institute, New York
- Payne Whitney Psychopathic Hospital
- Westchester Division, New York Hospital
- Providence Retreat, Buffalo
- Butler Hospital, Providence, R. I.

Reasons for Schools in Mental Hospitals

For a period of more than forty years training schools for nurses have been conducted in the State civil hospitals of New York. During that time the educational requirement of nurse applicants has been advanced from eighth grade to completion of the academic course in approved high school; the requirements for clinical experience and teaching facilities have been much broadened and increased; and genuine effort has been made to upgrade the academic and professional qualifications of the graduate nursing staff.

What are the reasons for conducting nursing schools in mental hospitals? Are they not the following?

1. To provide a higher standard of nursing for the patients in hospital.
2. To enable the physicians to more fully practice the art of medicine by providing skilled assistance.
3. To provide a group of nurses professionally qualified for hospital positions, administrative, teaching, etc., and for the public health field.

Obligations Assumed by Hospital

The hospital offers young women and young men of college age a professional education in return for service. In 1903 after the passage of the

40 GENERAL SUMMARY OF REPORTS OF SURVEYS OF SCHOOLS OF NURSING

first nurse laws the nursing schools came under the supervision of the State Education Department and they were placed in the division of professional schools thereby establishing their status.

In addition to the agreement to provide nursing education there are other obligations every hospital assumes when it establishes a nursing school. Most hospitals have recognized these and made genuine effort to fulfill them but during some of these visits the impression has been gained and a few physicians have confirmed it, that the teaching is burdensome, that it takes too much of their time, that the school is only one other hospital department anyway, that there should not be so much difference between the standing of students and attendants, etc.

There is no question that a majority of the superintendents and physicians are aware of the tremendous possibilities there are in utilizing an educational program for a special group to activate and stimulate the whole service. Such a miracle has taken place in one of the State hospitals in the interval of my last visit and this one.

Number and Size of Schools

There are now 17 hospital schools and one for affiliating students. (This latter receives groups of students from eight general hospital schools.)

The figures printed in the successive issues of the PSYCHIATRIC QUARTERLY show that in the last three years there has been an increase of 38.5 per cent in the number of students admitted to the State hospital schools. The increase for the last two years has been 30 per cent. Dr. Taddiken's report of October, 1937, showed a total of 755 students. There have been eliminations since that date and the figures given to me now total 717 students.

There has been a gradual reduction in the number of students who are eliminated. In the class that completed this course in 1935 the rate was 50 per cent; in 1936 it was 44 per cent, and for the class that finished last year it was 39 per cent. A reduction of 11 per cent in three years is commendable but the rate is still too high. The psychometric tests have been given to students entering five schools by Miss Potts and in three others the resident psychologist has given them.

The educational qualifications of the students entering the State hospital schools have improved a good deal. In nine schools there are 53 students who have had academic education beyond high school. Several are college graduates, others have had one, two and three years of college work and others have completed one and two years of normal school.

We feel strongly there should be no further increase in the number of hospital schools or of students. We are gratified that several superintend-

ents stated that if they can secure qualified nurses for the graduate positions they would be willing to consider limiting the courses in their hospitals to affiliating students, because their adaptation to the work and the service they have rendered have been so satisfactory.

In some hospitals already the numbers of these nurses who apply for graduate duty far exceeds the number of vacancies.

Faculty of the School

In all the 35 or 40 years that training schools have been carried on in State hospitals very little real progress has been made in the organization of the teaching staff. The title "principal of the school" has been subjected to various interpretations in the different hospitals but in nearly all there has been a tendency to limit her activities to teaching only. It is not possible to carry out successfully the educational program prescribed by the Education Department unless she also can direct to some extent the nursing activities of the wards, at least those to which students are assigned. Why cannot she be designated also as director of nursing? It would in no way change her position in relation to the superintendent or medical staff but she would, as in general hospitals be consulted about charge nurses when vacancies are to be filled and their duties as they relate to the students' service. In New Jersey state hospitals this person's title is superintendent of nurses and the school of nursing has its own letterheads.

There has long been need of additional persons whose whole time can be given to teaching. Consulting the mental hygiene handbook, I find one hospital lists by name 12 occupational therapy workers and eight social service workers; another lists five O. T. workers and six S. S. workers and in one hospital maintaining a nursing school the superintendent told me that 20 persons were assigned to the O. T. department. If these groups can be increased so much why not the teaching staff by at least one or two more nurses who are sorely needed especially when the teaching programs for both hospital and affiliating students are so heavy.

It is good to note that some superintendents have recognized this need and have assigned an additional person. In two schools two instructors have been assigned but I plead for the approval of this position in all schools.

Qualifications of the Faculty

It is gratifying to note the continuing improvement in the qualifications of the principals.

Of the 19 principals (or acting principals) 11 have earned college credits; one has A. M. degree and one has A. B. degree. Only six do not now have high school diplomas. Of the assistant principals, 11 have earned college

credits, one holds A. M. degree, one A. B. degree, one has completed two years of normal school and only five do not hold high school diplomas.

Of the instructors which nine schools now have, seven have earned college credits, one has M. A. degree, one B. A. degree and one B. S. degree. Another completed one year of normal school.

The unquestionable improvement in the teaching is reflected in the results of the State Board examinations. For the years 1934-1935 and 1936 there were 312 candidates and 89 failures or 28.5 per cent. One school had 55.6 per cent, another 46.7 per cent and one 7.7 per cent. One school had 12 candidates and no failures so the fault cannot be said to be in the examinations. In 1937 there were 110 candidates and 21 failures or 19 per cent. Further analysis shows:

14 schools were represented

5 schools with total of 20 candidates had no failures

5 schools with total of 47 candidates had one (1) failure each

2 schools with total of 9 candidates had two (2) failures each

The other two schools with a total of 34 candidates had 12 failures. If we eliminate these two the percentage of failures would be only 11.8 which is a big drop from 28.5, and can be rated a real achievement.

Graduate Group

Many charge nurses also have made up high school deficiencies and large numbers of the graduates have completed extension courses which the universities in different parts of the State have given. I believe if hospitals are to attract and hold the fine type of graduate nurse they need, these nurses must have assurance of and opportunity to share a progressive program of self-improvement and professional efficiency. Provision is made each year for a definite number of staff physicians from each hospital to spend 10 weeks at Columbia Medical School and the Psychiatric Institute and Hospital. Why can't opportunity for refresher courses be made for some of the more valuable graduate nurses?

The supervisors in some hospitals are devoid of educational interest and do little to promote such programs. The chief woman supervisor in one hospital is a member of the school faculty and ably teaches the course in hospital housekeeping and assists most efficiently with the ward teaching.

There is a tendency among the graduates in some of the more isolated hospitals to become resigned to lack of educational opportunity and some have become so ingrown that they now resent any effort to bring them in contact with present-day nursing standards and interests. This isn't true of Craig Colony where a fine program for the whole winter is arranged and

is so broad in its content and interest that the physicians attend some of the meetings and it has been a stimulus to the whole service.

Graduates should be encouraged to join the various nursing organizations. One principal has been and another now is the president of the district association (branch of the State Nurses' Association). In one hospital every registered nurse holds membership in the district—100 per cent membership! Another hospital school provided the entire program for a meeting of the League of Nursing Education and it was voted the best meeting of the year.

These examples prove it can be done.

Affiliating students

Fourteen (14) State hospitals now receive students from 49 general hospitals. There are actually 52 groups because the numbers are so large in three schools they are divided and sent to two hospitals. Last year a total of 744 students received instruction and experience in psychiatric nursing in the State hospitals.

We believed that for this group of students who are in hospitals for only three months that effort should be directed to providing clinical experience in human behavior rather than technical experience in a nursing specialty. In the short time of three months it is possible to correct lay ideas concerning psychiatric disorders and their treatment, to give the students an elementary working knowledge of behavior mechanisms and to establish a realization of the breadth of a nurses' responsibility to her patient as an individual.

Assignments should be made to all the wards that afford opportunity for the care of patients who represent the range of disorders for which hospitalization is necessary. For this group also clinical demonstration and teaching in the ward situation are most effective for it is here that nursing response to the various types of behavior must be developed.

Clinical Facilities

In all hospitals these have increased a great deal. The diagnostic clinics and active treatment services have greatly advanced the value of ward service and students in State hospital schools no longer feel handicapped in general nursing. In one hospital only, women graduates and students are not assigned to any of the wards for men. In one other only two wards are available for this experience. It is a deficiency in nursing education that should be corrected.

The affiliation for boys in the State hospital schools has been advanced quite generally to the second year and a few schools have changed to this

44 GENERAL SUMMARY OF REPORTS OF SURVEYS OF SCHOOLS OF NURSING

period for the girls. There seem to be unusual advantages to the home school in this plan, for it eliminates many extra hours of classroom instruction and it brings the students back for the third year. An interesting observation relative to this change was made by the principal of a school that has received students over a period of years. When the students of the State hospital joined those of the same grade in general hospital the psychological effect was quite marked for they made a better adaptation and did better work than when, as third year students they had to join a lower group to pursue second-year subjects.

I have been disappointed to find a very complete diagnostic clinic with very active service in a hospital which had neither a resident dietitian nor therapeutic diet kitchen. It isn't good teaching to include therapeutic diets in the curriculum and have students note diagnoses that require them and in daily practice see them overlooked.

Hospital Facilities

In a large number of the new buildings, many of them constructed for active service, it is to be regretted there are so many omissions, errors and misplacements in the construction and equipment. Of course hospital architects are not housekeepers, nor is any member of the construction committee, and so nurses are compelled to walk extra miles every day in reaching the service rooms, preparing treatments, taking patients to toilet, etc. In one new building for sick patients, diet kitchens were omitted and the afternoon nourishments were being prepared in the utility room beside the bedpan sterilizer! In another hospital, brooms, brushes, mops and bedpans were placed in a very small closet without any ventilation and in which the treatments trays were also placed. Before a building is constructed, it would be desirable to have some nurses study the architect's plans from the standpoint of housekeeping and the nursing service.

Classroom Instruction

Because of one or two unfortunate incidents which probably have been much exaggerated some schools have been greatly perturbed by the introduction of the Freudian theory in the lecture course. While it may be important for medical students and is utilized in varying degrees by the staff physicians, we believe that in the didactic teaching program for student nurses it should be reduced to a minimum. Rather should psychiatry be so presented that stress is laid on the relationship between normal and psychotic behavior as differences in *degree* rather than in *content*.

State Education Department
Albany, N. Y.

THE FUNCTION OF THE MENTAL HYGIENE CLINIC IN REGARD TO JUVENILE CONDUCT DISORDERS

BY EUGENE DAVIDOFF, M. D., AND ELINOR S. NOETZEL

PART III. *The Early Type of Conduct Disorder*

Previously,* we have considered the functions of the mental hygiene clinic in dealing with the protracted and intermediate types of conduct disorder. In this communication we are turning our attention to the study of the early case of conduct disorder and those personality traits which may bring the individual into conflict with the environment.

Evaluation of the case histories of 150 problem children, all of whom were seen in our clinic, revealed a predominance of, or emphasis on, the following characteristics which occurred frequently and in combination:

A lack of independence or an inability "to stand on their own feet" was evident. On the other hand, there was at times a ready defiance of, or unconcern for authority. They were "independent" in that they were interested only in their own desires and showed a lack of consideration for others.

Little interest in constructive play activities was noted. They were given to moodiness with a predominant affect of sulkiness and possessed definite or indefinite fears. There was an aimless hyperactivity. This resulted in inability to give sustained attention. They were irritable when thwarted.

These children exhibited a desire to "get things" easily and disliked waiting or working for that which they wanted. This was not a lack of energy but was in obedience to an impelling lower center urge as the child often went to more effort to obtain certain objectives by antisocial conduct than he would have had to expend in obtaining them by more conventional routes.

They refused to compete, except on their own terms. A lack of ability to compromise was evident. In their relation to others they often felt that both adults and children did not like them. These children seemed to feel either superior or inferior to, or different from their playmates.

Their reaction to sibling rivalry was either excessive identification with, or protest against the sibling rival. They were unusually antagonistic to their parents or excessively awed or protected by them.

There was an egotistic blaming of others. They "tattled" for self-protection, were conceited and quarreled over trivialities. They showed confusion in new situations and inability to concentrate. There was evidence

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of destructive imagination, with an inability to distinguish between fact and fancy. An idle and aimless curiosity was common.

The child with the early conduct disorder either stayed at home excessively or frequently wandered away. He used his mischief to attract attention which he could not otherwise obtain. There was a marked discrepancy between behavior at home and at school with frequent maladjustment in the latter.

They had little ability to realize their mistakes. They did not formulate their desires and motives so that others could understand them, nor did they confide much in their parents or teachers.

They showed a prolongation of the pregenital or presexual period and a centering of attention on the genitalia, with many "boring" activities. A tendency to conceal was manifested. There was a decided difference in the child's evaluation of himself and that of those about him such as teachers, parents and playmates.

These children did not possess the ability to symbolize authority. The criteria for their conduct is "Will they get caught?" They possessed little ability to use creative language as a medium of expression. They lacked plasticity. In addition, an insufficiency of compensatory traits was often evident. These traits frequently flared up early in their school attendance but were evident at an earlier period.

We are presenting three cases which are illustrative of early types seen in our child guidance clinic:

Case 1. O. T.—White girl, aged 8, of English descent. I. Q. 80. She was referred to the clinic because of lying, stealing and staying out late at night. It was later elicited that she was given to much aimless activity, night terrors, somnambulism, enuresis, tantrums, moodiness, sulkiness and seclusiveness. A specific reading difficulty associated with her sinistrality was present and for this reason she was unwilling to attend school. She was obese and had a mild pituitary disturbance. A dependence upon, and domination by her neurotic mother who was almost totally deaf was manifest. She was jealous of her younger sister who made better progress in school than she did. There was a lack of interest in play activities. She did not think other children liked her and was easily confused in new situations. When called upon to recite in school she became upset. This girl had very little curiosity in regard to her studies and had little ability to make herself understood. Her conduct was worse at home than in school, although she responded in neither quarter to discipline. Her truancy was occasioned by her inability to compete in school. She was quite aggressive at times. The compensatory factors were her desire to compete and escape her mother's domination.

Case 2. D. J.—White boy, aged 6, mixed race. I. Q. 98. This boy was first seen in clinic when he was four but had been a problem since he was two, when he was noted as being mischievous, disobedient, hyperactive and uncontrollably destructive. He was unable to make friends of his own age, he set fires and engaged in many "boring" activities. At five he engaged in masturbation with other boys, and exhibited himself. He disrobed little girls and attempted "sex" practices. He stole and lied a great deal, played truant, had no respect for authority, and continued to set fires. He was given to enuresis, had tantrums and was untidy. He manifested his sadism by sticking pins into other boys and girls. He ran away from home. He said that he did not like girls because he knew "dirty tricks" about them and accused one of his playmates of playing sexually with the latter's little sister. This habit of projecting his own shortcomings on others was frequently seen. He used obscene language, accused two Italian boys in the clinic of calling him dirty names after he called them "Wops," refused to play when he was losing and said that he was interested only in guns and airplanes. His pictures in play technique always showed a sadistic trend. He concealed many of his activities. In the presence of older people he was shy. He did not possess the ability to make himself understood but possessed a rich phantasy life which was frequently as concealed as his motives.

This boy was the second of five siblings. His father was alcoholic, unstable and had been divorced and remarried. He boasted that he had been himself a problem in his youth. He was given to calling his wife obscene names, was antagonistic to both the mother and the patient. The mother was poorly adjusted sexually and frequently threatened to leave the father, had affairs with other men and stated that she did not wish to have children. She complained of her husband's sexual advances in the presence of the children. The patient had witnessed intercourse between his parents.

Case 3. A. Z.—White girl of German descent. I. Q. 85, age 7 when first seen. She was referred to the clinic because she had been running away. She had taught her younger sister to sing on the streets and in this way to "beg" for money to attend theaters. She stayed in the movies for hours and when she left the theater she was afraid to go home. She wanted things quickly, particularly when they were refused. She denied all her escapades and lied in a phantastic manner. She complained of precordial pain and spots before her eyes, and frequently sought refuge in these complaints.

This child, born when the mother was 15, was unwanted. She was a "cross" and unhealthy baby, had had two otitic abscesses, and suffered from a running ear until the age of six when a tonsillectomy relieved her of these symptoms. While her development was normal she has always been underweight. She continued to suck on a nipple long after she was two years old.

She witnessed intercourse between her mother and one of her mother's lovers. She ran to her father after one of her mother's men friends had approachd her unclothed. At eight years she had a sex experience with a boy of 17, and another with an older man at 11. Both of these experiences necessitated the child's testimony in court. When sexual matters were discussed with her in the clinic she responded rather well and seemed to be naturally curious.

The child appeared to feel inferior. She frequently criticized other children. She was jealous of her brother who was her father's favorite and her sister who was her mother's. She was passive in the home and aggressive out of it, was given to mood swings, and talked freely only at times. It was difficult for her to verbalize her conflicts, and she was very shy about them. However, emotionally she did seek objects of attachment. She was a schemer and placed much value on the results of her scheming which she tends to reach by a circuitous route. It was difficult for her to understand why she was not liked. She manifested a great love for pleasurable experience.

It was noted that she suffered from continual frustration. She had to get things quickly or not at all; she could not sacrifice the present good for the future. The hostile environment made it necessary for her to ward off threats to her security and resort to blaming others.

The compensatory factors were her ability to imitate, her conscious ability to stimulate creative imagination, the faculty of utilizing and integrating aggression, and the presence of a social drive which could be stimulated and utilized consciously.

She came of three generations of dependents. Both grandfathers were aleoholie. Her paternal grandmother had an arteriosclerotic psychosis. Three paternal aunts were arrested for prostitution. The maternal grandmother had been arrested for prostitution and intoxication. The father was aleoholie and abusive. He had been known to expose himself to the child. He had never supported the family adequately. The mother had frequently deserted the family and had been arrested for adultery on one occasion. She married at 15 to escape her own alcoholic father and brutal stepmother. Because of her immaturity she could not accept the role of a parent and rejected the child from birth. She was still jealous of any opportunity offered the child and of the father's occasional attention to her.

DISCUSSION

In studying the personality traits of these children we are not unmindful of the fact that the child reacts as a unit. We have found it helpful, however, to observe the manner in which the child reacts to certain concrete sit-

nations. These habitual methods of adaptation and attitudes constitute his personality traits. They are in part founded on the child's attempt to solve his problems. If the solution is satisfactory, well integrated or corresponding to what the "group" expects of the child, they may be said to be healthy. If these solutions are unsatisfactory to himself or others they may be said to be unhealthy and the child may develop a neurosis or become delinquent.

Behavior disorders then are unhealthy methods of adaptation which, when occurring in combination or in preponderance, characterize the child as a deviate from a hypothetical norm. A conduct disorder might be sketchily defined as a behavior disorder which has social consequences. With respect to this, it has been said by some that it constitutes a form of neurosis in which the individual transfers his conflict to the environment and the ego is protected from the neurosis but society suffers. We are not, however, interested in this discussion as to whether or not the delinquent is neurotic. In fact, we would desire to eliminate these labels of psycho-neurotic or delinquent and attempt to study those personality traits exhibited by the social deviate.

Any normal child may possess any of the above listed undesirable traits but when they occur too frequently and in combination they characterize the child as a social deviate. Apparently, such child retains in exaggerated or rather fixed form the more infantile methods of adaptation in meeting situations and in reacting to change of state or the biological and chronological changes within himself. In other words, the totality of his emotions and socialized behavior integration does not keep pace with the totality of his biological growth.

In discussing these early cases, the first question that arises is—what is actually meant by the terms delinquency, conduct disorder and predelinquency? An accurate definition of these terms is difficult. No one can say with certainty what constitutes delinquency and therefore the term predelinquency is open to criticism. The same consideration applies to the term conduct disorder. Can conduct disorder be considered with predelinquency? Is there a manifestation of traits in these younger children with conduct disorders which in an older child would be classified as delinquent? It may not necessarily follow that the predelinquent child becomes delinquent. However, we may say that he does possess a predominance of certain traits which, if permitted to develop and if improperly utilized, will lead to conduct disorder or delinquency.

It is difficult then to draw the line between conduct disorders and delinquency. In a similar manner it is difficult to delineate sharply between predelinquency and early conduct disorder. The more than occasional manifesta-

tion of some of the personality traits mentioned above may be considered as predelinquent traits bordering upon early conduct disorder. A continual predominance or habitual occurrence of these traits in fixed and somewhat exaggerated form may be said to constitute conduct disorder bordering upon early delinquency. The delinquent is older, the "social arena" for his activities is widened, his habits are more fixed and the consequences more severe. His amoral and asocial trends, his pathological emotionality or sexuality carry with them far wider social implications. In many cases the difference then is one of degree. However, there is a qualitative difference between the early and late cases which is a function of the child's growth and integration.

A delinquent has been defined by some as one whose superego is identified with the minority. The superego is not strong in the more integrated fashion and as a result there is little guilt. We might qualify this by stating that the guilt is deeply buried or concealed, that it is not constructively socialized and that earlier, more primitive adaptations are utilized in solving this guilt.

In analyzing the unhealthy personality manifested in our delinquent or predelinquent we meet with an inability to solve their conflicts in regard to success and failure in the struggle for existence. They are loath to use their full powers in competition. They strive for a hollow victory, ask not for a foeman worthy of their steel but only that he may be weaker so that they may be assured of a quick triumph. The task may be more difficult at a given time but for them it must be unsustained, unplanned and lacking in skilled practice. They do not gain from the daily attempt at perfection. Their efforts are as primitive as the pounce of the wild beast upon its prey. Their sporadic protopathic energy is expended in an all or none fashion at a given time. A conception of the necessity for trained practice is not arrived at. In other words, they cannot condition or integrate their masochism to complement their sadism in equal or fair combat.

They show an inability to sacrifice either because they have never had to sacrifice or sacrifice has brought them nothing. They have never had to bear the burden of existence, or the burden has been so heavy that their resistance has been nipped in the bud. They are recruited from the ranks of the excessively petted or rejected children; these are both frustrated a great deal of the time. Neither have learned to sacrifice the immediate good for the future gain. The petted child sees no reason for it as the present gives him so much that he sees no need for the future. The rejected child has no confidence in a future good which he doubts will arrive. Consequently, they meet their problems in an unintegrated head-on fashion.

Frequently success is sought merely for its own sake. Competition for it and the method by which it is obtained do not matter. Destructive criticism, "passing the buck," blaming others, "getting out from under things," "putting things over," "letting others do it," and sneaking and spying are the results.

These children show an inability to utilize the protest reaction constructively. The most glaring deviations noted are really infantile abreacted protests against an environment which overwhelms them by its hostility to their primitive instinctual desires and in its contempt for their inability to properly marshall their fighting strength in the struggle for existence. The protest is unbalanced, modeled on certain instinctual lines and weak in its integration.

Again, we see in them an inability to utilize and integrate their phantasies, and a lack of acceptable phantasy life. In addition to its archaic components, phantasy is often the result of conflict or deprivation. It provides a means of solution and abreaction of the conflict. On the other hand, it is a compensation for the deprivation suffered by the individual. Normal children work off their phantasy in action and play. Acceptable phantasy carried through to action is creative imagination utilized and directed in a socially constructive manner—a harmony of the integrated intellect and emotion. The phantasy seen in a delinquent is a phantasy which does not keep pace with the scope of the biological growth of the individual. The phantasy does not experience the test of reality but frequently seeks to make reality conform to the phantasy.

Some workers in the field of mental hygiene seem to regard all phantasy as anathema. However, we find in the myth of Pandora, for instance, an example that hope is acceptable phantasy. No one can exist without hope, illusion if you will, because it determines the goals he may seek to attain. Phantasy is necessary as an incentive but not as an incentive.

In the same manner infantile rationalization is retained or carried to extreme. While rationalization is indulged in by all of us and is in some measure necessary to the ego, the bounds of reality place a certain restriction thereon and instill in us a certain insight. It is later utilized and integrated. In our young cases of conduct disorder, the ego is constantly spared by rationalization, which is not utilized nor integrated. The situation is rationalized to escape the consequence. Rationalization becomes the unconscious end; it is the more frequent, habitual method of adaptation. The real conflict is not only disguised but is also embellished so that instinctual desires or impulses are given dignity.

Further, the delinquent seems to have an inability to widen his horizon. He can see the interests of his own particular group but not those of other

groups. Perhaps this arises from his incapacity to make numerous identifications and is also due to a lack of foresight occasioned by his infantile phantasies. He also seems to be noticeably lacking in the power of self-criticism. One of us is at present working on a correlation between the Terman and Kohs intelligence tests. Our results are as yet incomplete but so far we see a decided inability on the part of the individual to judge whether the solution is incorrect when the design lies before him.

We also see that our delinquents show a lack of ability to symbolize authority. He may make a fair adjustment when the parent or teacher is present but fails when the authority is absent, unless he sets himself up as the authority. He competes only on his own terms.

The restrictions from the outside always seem to remain on the outside and are never taken over or built into the ego ideals of the individual. Part of the delinquent's destructiveness is an expression of his struggle with an environment of which he has never become a part and which never has become a part of him. He has not adequately solved the conflict between remaining an individual while becoming a part of society.

Rank¹ has pointed out that the resolution of the sense of guilt is a most powerful force toward constructive living. Jung² has mentioned the importance of the concealing mechanism in primitives and in young children. The delinquent's destructive sense of guilt seems to show itself in a concealing of this guilt, and a fear of this concealed guilt that permeates his whole life. This results in an inability to create and a lack of plasticity. These children cannot utilize their sense of guilt in constructive protest.

Protest in itself is not pathological and social adjustment is itself of a relative nature. Some of the great reforms mentioned in our history have been effected by social dissenters who were partial deviates but who utilized their protests constructively so that society benefited. The delinquent obeys the more primitive unconscious herd drive to adjust to a more limited group. He cannot consciously integrate the more highly socialized drives in adjusting to a broader environment. At best his social adaptability is not positive. His suggestibility is frequently a result of this narrowed socialization. He frequently feels ostracized from the larger group and then projects his difficulties on the group and egotistically blames others or society for his difficulties since he feels constantly blamed by society. Frequently, he seeks devious methods of competition to satisfy his ego.

Many of the traits mentioned are therefore related to rejection, withdrawal, narcissism and projection and the utilization of archaic patterns of adjustment. These delinquents frequently show concealed or intuitively introverted motivation or attitudes with a strong secondary tendency to sensational extroversion. Although the motive for obtaining the object is

hidden and based on archaic patterns, they are greatly attracted by the object "and want what they want when they want it."

TREATMENT

In this communication we will outline the treatment briefly and will reserve for the last paper of this series a fuller discussion of the procedures employed. It appears that diagnosis of the early manifestation or the ability to recognize the combination of unhealthy traits mentioned in the first part of this paper is a necessary prerequisite for remedial measures.

The evaluation of the personality and the destructive traits in relation to the attendant circumstances and total situation are of great importance. Whenever possible one should stimulate the child to utilize and integrate the protest reaction constructively. At the same time conditioning, reconditioning and elimination of unhealthy factors where they can be eradicated must not be neglected as part of a conscious program of reeducation.

One sees the advisability of evaluating the child's total personality and his possibilities in order to isolate those children from whom we cannot expect too much, who lack compensatory traits, and who are in need of protective therapy, from others who are in need of more active stimulative therapy. In the latter group, the recognition of compensatory traits and specific adaptabilities that may be utilized in "grooving" the child into healthy channels of reaction and in stimulating him to achievement along the lines of his special interests is important. This generally provides a ready incentive to win his interest in fair competition and social activity. With this as a basis, his creative efforts may be fostered.

Stimulation of the child's favorable reaction to authority and acceptance of it, not as a threatening force but as a protective element which affords him security, is an important item. A prolonged period of readjustment for and study of the individual child is necessary. Evaluation of the social, family and economic factors and the improvement of these is important wherever it can be accomplished. This entails thoughtful planning with and delegation of responsibility with other social service agencies, the home, the school, physicians, nurses and others. Hydrotherapy³ and occupational therapy⁴ are valuable adjuvants, particularly in the treatment of the hyperactive or sluggish types.

In addition, catering to the child's emotional and instinctual needs, particularly in cases of deprivation; the *indirect* exploration of the child's hidden conflicts; evaluation of the real concealed problem from the apparent or superficial problems; and the use of the play techniques,⁵ are important aspects of the therapeutic procedure.

Broadly speaking, our cases might be classified for therapeutic purposes in the following groups:

- (a) The "neurotic" type, emotionally unstable, including those with early personality disorders.
- (b) The mental defective type.
- (c) The organic reaction type.
- (d) The child with specific mental disabilities such as those of reading and writing.
- (e) The child with a poor familial background.
- (f) The type in which social service considerations and evaluation of the socio-economic factors are of greater relative value.

The treatment and emphasis of the treatment must be varied in accordance with these several aspects. Moreover, each child must be treated individually. Individual therapy must, in our opinion, always precede group therapy in the play technique.

In addition to the play techniques and socialized activities further emphasis will be placed in a subsequent communication on the organization of the child guidance clinic and the opportunity it affords for community education, the use and abuse of foster homes in the therapy, the importance of the neutral atmosphere and removal of stress, the consideration of personalities affecting the child's life and attitudes, and other factors which he cannot control,⁶ the changing of authorities and the weakening of the authority of the unemployed breadwinner in the home, the relative values of the direct and indirect methods in therapy, the value of abreaction in solution of the conflict, the transference situation, translation of the treatment in terms of meaning to the patient, special and creative speech training, stimulation of the ability to "carry the load," overcoming the resistance to the therapy and gaining therapeutic control of the situation.

In cases 1 and 3 good adjustments have been noted. In case 2, because of the lack of compensatory traits, the predominance of unhealthy traits in combination, and family resistance, a much longer period and more protective treatment program was instituted. It was necessary to refer this boy to the Rockland State Hospital children's pavilion where he made a fair adjustment to a protective atmosphere. Later he was taken home against advice; he began to indulge in much of his former behavior and has failed to adjust.

Case 1 continued in her own home where she made satisfactory progress. She is now reading fairly well. Case 3 adjusted well in a foster home. They both attended clinic for one and one-half years and their progress at home has been observed by the social service department.

SUMMARY

It is valuable to try to analyze the habitual means by which the personality of the individual meets concrete situations. Personality traits are indications of attempts on the part of the child to solve his problems. If these are satisfactory to him and to those about him, the solution may be said to be a healthy one. If they are unsatisfactory to the individual and to society, he may become a delinquent. Individuals are not static in their adaptations. The hypothetical normal child might exhibit any of the so-called unhealthy personality traits, but in children who present conduct disorders, there are a greater number of unhealthy traits and fewer compensatory traits.

These disorders occurring in the personality integration are preceded by predelinquent "amorphous" characteristics which cannot be utilized in adaptation and in reaction to change of state, growth and broadening of their social vista. These we have labelled, for want of a better term, "unhealthy traits." Given specific determinants in the total situations these may very well culminate in conduct disorders. Some of these determinants in the personality, in the social and environmental aspects and in the total situation cannot be controlled even in the youngest of individuals. However, the prognosis is much more favorable in these younger cases where the environment can be more easily manipulated and where some plasticity of the personality still exists. Since the unhealthy habits of social adaptation and personality integration have not appeared in definite form, it is easier to shunt the younger child into socially acceptable grooves. Therapeutic control is more easily gained.

The treatment is determined not so much by the isolated manifestations, such as sex deviations or stealing, as by the total situation and the early occurrence of certain unhealthy traits in combination. In some cases it is impossible to discover accurately, the deep seated motives. In these children given to concealing and to an excess of phantasy, whatever the cause, the therapeutic obstacles are greater. Protective therapy or stimulative, creative therapy depends to some extent on the preponderance of the concealing phenomena, infantile gratification of the senses and the presence or absence of compensatory traits.

We cannot say with any degree of accuracy whether in these younger children the therapeutic procedures instituted have a more permanent value. More or less temporary observations covering one- or two-year periods would seem to indicate continuance of these methods until data covering longer periods of observation, control and study are available. The importance of adequate case recording for future reference is evident.

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Syracuse Psychopathic Hospital
Syracuse, N. Y.

MINUTES OF THE QUARTERLY CONFERENCE

SEPTEMBER 17, 1938

The Quarterly Conference of the State institution visitors and superintendents with the Commissioner of Mental Hygiene, was held at the Creedmoor State Hospital, Queens Village, N. Y., September 17, 1938, with Commissioner Tiffany in the chair.

In addition to the departmental and institution officers, the following invited guests were present: Dr. Clarence O. Cheney, White Plains; Dr. James M. O'Neill, Harrison; Miss Genevieve Attaldo, Hudson; Miss Elinor Newell, Hudson; Dr. Samuel W. Hamilton, New York; Dr. Harold D. Harvey, New York; Dr. Edward E. Hicks, Brooklyn; Dr. Howard W. Potter, New York; Dr. Edward J. Ryan, Essondale, B. C., Canada; and Mr. Charles McCabe Ford, Brooklyn.

The CHAIRMAN: Will the Conference please come to order? First on the program is the address of welcome by the Hon. Henry F. Samstag, president of the Board of Visitors of Creedmoor State Hospital.

(As Mr. Samstag was unavoidably detained, Dr. Mills read his welcoming remarks, which follow.)

Dr. MILLS: Mr. Chairman, members of the Conference and guests. We feel greatly honored that Commissioner Tiffany chose Creedmoor for this, the September, 1938, Conference. For years Creedmoor was the child of Brooklyn, often puny and sickly, and almost died a couple of times. After 1926, however, she grew very fast and became of age and independent on July 1, 1935. Our board was appointed in 1936 and our first organization meeting was in June of that year.

Enough of history for now; Dr. Mills will tell you more of this shortly. On behalf of the board and for the superintendent, I bid you all a hearty welcome. We will be much pleased if after luncheon a goodly number of you wish to visit parts of the hospital. You have varied interests no doubt, but if you will tell Dr. Mills or a member of the staff what you wish to see, guides will be available and anxious to be of service to you.

We hope that you will all enjoy this morning's program, that we shall have a happy social hour together at luncheon and that you will go away with the feeling that you want to come to see us again.

It is with great pleasure that I would like you all to know the very high regard and respect and affection I have formed for our very efficient superintendent, Dr. George W. Mills. And before I close, I should like to extend to each one of the members of our Board of Visitors my appreciation of their conscientious and intelligent approach to their trust.

We are happy to have you all with us.

The CHAIRMAN: We thank Dr. Mills for his very cordial welcome and I assure you that the Conference appreciates the opportunity to be here.

The first paper on the program is one by Dr. Harold D. Harvey, associate, department of surgery, College of Physicians and Surgeons, Columbia University, whose subject is "The Use of Sulfanilamide."

Dr. Harvey reads paper.

The CHAIRMAN: I am sure this communication from Dr. Harvey will be of immense benefit to us in the service. There must have been many cases in which this drug has been used and I am sure it will be very profitable to have individuals who have had experience with it discuss some of the points brought up by Dr. Harvey in this presentation. Who cares to discuss this subject?

Dr. BELLINGER: At Brooklyn we have used sulfanilamide quite extensively in the treatment of infections with beneficial results in many cases. We have found this drug of decided value in the treatment of erysipelas. I have in mind the case of an employee who, following an attack of appendicitis, developed a central pneumonia which later extended. He was also thought to have a pyelitis. Sulfanilamide administered in this case resulted in much cyanosis and a marked diminution of the white cell count. The drug was discontinued, other treatment instituted and the patient made a good recovery. It seemed to us that in this particular case sulfanilamide was not beneficial. However, we have found it of value in the treatment of many other infectious cases.

The CHAIRMAN: There must be other instances throughout the service. Dr. Lang, do you recall the case of the physician with a streptococic pneumonia in which this drug was given with rather remarkable results?

Dr. LANG: I do, Dr. Tiffany. Dr. Cecil, the supervising consultant of the case, advised the use of the drug. The case was a streptococic pneumonia and it gave us difficulty until we were able to obtain both prontosil and sulfanilamide. The case did not react too well to the prontosil and it seemed the administration of sulfanilamide was warranted. The case was a prolonged one but eventual recovery was the result. But, Dr. Tiffany, since that time, and since I left the hospital I believe the institution has been using sulfanilamide in the treatment of cases of Neisserian urethritis admitted to the hospital and I know from the excellent reports made that they have been very favorably impressed by the results obtained in their cases. Quite a number admitted to the hospital required isolation, special nursing care, extra expense. I think the physician in charge of that division is here and can correct me if I am in error, they are now able to limit the special nursing period and the isolation period to about ten days; and so there is a

great saving in that particular respect. I do not know whether Dr. Hartnett can comment on that or not.

Dr. HARTNETT: Dr. Lang's statement is correct. At Pilgrim we have been able to get negative smears for gonococcus within a period of two weeks in 75 per cent of the cases treated with sulfanilamide.

The CHAIRMAN: I am quite sure Dr. Harvey would be glad to answer questions if some one has problem cases in which they have used this drug.

If there is no further discussion, Dr. Harvey, do you care to say a word in response to the discussion of your paper?

Dr. HARVEY: I have very little further to say. I think prontosil is on its way out as a drug and there is no special benefit from it. I believe sulfanilamide has found itself. It can be given subcutaneously where it cannot be taken by mouth. I do not think prontosil will be used at all five years from now.

The report of the case of urethritis is very much in line with other reports received. In many cases, by careful supervision, a cure can be apparently obtained rapidly, although there are some cases which the drug does not touch.

I think the comment on the case of poliomyelitis is in line with what I have experienced.

Some of the genito-urinary infections are clearly benefited and some are not, it is not clear which varieties are and which are not.

The CHAIRMAN: Dr. Harvey, the Conference thanks you for your presentation which has been very instructive and I am sure will be of immense value throughout the service. We do appreciate your coming here this morning.

Next on the program is a paper on The History and Development of Creedmoor State Hospital, by Dr. George W. Mills, the superintendent here, who will make this presentation.

Dr. Mills' paper appears on page 77 of this issue.

The CHAIRMAN: This paper by Dr. Mills is a very interesting presentation. It shows not only the development here in Creedmoor but the standardization which has been adopted by the department after recommendations by the Committee on Construction and gives you pictures of buildings which are now being constructed for the care of both the reception types and the continued treatment types of patients. These later buildings which were shown in the pictures here are pretty much standardized now.

Is there any one who cares to discuss Dr. Mills' presentation?

Dr. Hamilton, would you care to comment?

Dr. HAMILTON: In different parts of the country one finds a variety of architecture in the mental hospitals. With Dr. Steen I have been recently

in Michigan and we found fine old institutions there built in the days when the state had money and was not loath to spend it. They have high ceilings, broad corridors and large rooms, some of them so large that there are three beds in space intended for only one. In these days we build structures which are fireproof. Sometimes the newer type of construction brings new faults. It is a relatively recent thing that money has been found with which to pay for sound-reducing materials. I should say that this hospital has come along in a transition period of architecture which has progressed far enough to provide newer types of buildings and at the same time to overcome faults that came to light during the years when fire-resisting structures were not so common. Of course there are a great many fine things about the buildings and Dr. Mills and his associates will soon have the pleasure of using a well-founded plant when the new reception building is ready.

Some very nice things have been done in the reception service here. I was just remarking to Dr. Ryan that in the women's service here I found every patient had a handbag; they were of different sizes, whatever the family furnished, and so the patient had some place to put her treasures. Now there are some places where treasures must be kept under the mattress. If a large hospital can find time to attend to the desires of the patient as well as to his essential needs, it has the spirit that is going to make the best use of whatever structures the State is in position to give it.

The CHAIRMAN: Are there others who care to discuss Dr. Mills' paper? If not we will proceed to the next paper on the program, Some Complications Met in Metrazol and Insulin Therapy. This paper will be presented by Dr. Robert A. Savitt.

Dr. Savitt reads paper.

The CHAIRMAN: This paper by Drs. Hall and Savitt is now open for discussion. I would like to call on Dr. Buckman.

Dr. BUCKMAN: Mr. Chairman, ladies and gentlemen. This excellent paper reviews three major insulin complications and emphasizes, I believe, particularly the theory of irreversibility or advanced anoxemia of cerebral tissue caused by insulin. In contrast to the irreversible reaction I would like to stress another phase, and that is hemorrhage. I had the opportunity of seeing all three patients who have been described. In the two who lived the spinal fluid showed blood at several interspaces, there was no increased pressure. One case showed some bloody fluid 16 hours after the first puncture. Another case showed disappearance entirely of bloody fluid in three days. Both cases had a coma lasting 24 hours each and both cases were clinically well at the end of approximately 72 hours. The blood found on spinal tap was not, in my opinion, due to a technical error as it has been

repeated in each instance, at several places and by several men. The question arises where the hemorrhage came from. From the literature which Dr. Savitt has just read we know that the subarachnoid space showed evidence of hemorrhage. However, wherever it was in these two cases, the conclusions we reached were that the hemorrhage was slight and that its location was apparently where it did little or no permanent damage.

From these two cases we could speculate a little as to the patient who died and what happened in that case. If hemorrhage occurred there is no doubt that it was more severe and its location may have been subcortical to explain to some extent the convulsive state, and that the sudden exodus might lead us to infer that the hemorrhage was either ventricular or bulbar in nature. Unfortunately, however, we did not do a spinal tap in this case. As to why the main symptoms occurred in the so-called secondary phase it is difficult to explain. We can only surmise that the hemorrhage was slow and progressive throughout, so that in comparing the three cases as a whole the hemorrhage, in my opinion, was a matter of degree and location. Now, as to the causes of hemorrhage, that is more conjecture. One can raise several questions. Does the hypoglycemia cause changes in osmosis and capillary permeability leading to diapedesis, or has it some relation to the endarteropathy as described by Ferraro? One can see that this should lead us to further check the question of hemorrhage in other parts or tissues of the body. I should like to hear from some members present how such complications could be prevented, but we did learn from these cases several points. I believe that in all cases convulsions should be immediately controlled, we have used ether and some have used sodium amyta. Other drugs could be used. We believe that a spinal tap is beneficial, as in the case of hemorrhage, a release of the foreign body is beneficial. I would mention also glucose as outlined in the paper, avoidance of over-treatment and general supportive measures.

I might mention in closing that in both the living cases insulin treatment was immediately terminated and one case showed a remarkable mental improvement. I wonder if that means anything. Another instance was a case of metrazol. In this case there were five successive dislocations of the jaw. I believe this has already been mentioned at a previous meeting. We were about to discontinue the treatment in this case but the father of the patient was very persistent and so one day he brought us a contraption which looked like a football helmet with a chin strap; it had several joints that would be difficult even for a mathematician to figure out. With this contraption the patient received 15 more treatments without any dislocation and he was subsequently paroled from the hospital. This proves to us all that in this work we can learn something from everybody.

The CHAIRMAN: The paper is now open for general discussion.

Dr. TERRENCE: The cases described by Dr. Savitt are very interesting to us inasmuch as we have had seven cases of protracted coma, five of which present a clinical picture similar to that described here.

The five cases, while showing multiple and varied neurological signs, yet had a certain uniformity of course and outcome. To begin with, in all our cases the complication occurred between the fifteenth and twenty-fifth days of treatment, and for some unusual reason all occurred on Friday. There were no fatalities as a result of this particular complication, and hence we have no exact means of knowing just where the pathology may lie.

We do feel, however, that some symptoms and signs seem to point towards a hypothalamic lesion, that is, we have noted a predominance of symptoms referable to the vegetative nervous system, that is, marked variation in pulse and blood pressure, altered respirations varying from marked hyperpnea to Cheyne-Stokes breathing, flushing of the skin, sweating, and a syndrome which may be described as hemiballismus. Pyramidal tract involvement, cerebellar involvement, multiple and varied eye symptoms point towards either a very diffuse lesion or one in the midbrain where all of these tracts may be implicated by a single lesion.

Inasmuch as all our patients got well without any residual signs, we felt that the brain lesion must be either very small or else the result of surrounding edema. In none of these cases have we had a blood spinal tap.

As to treatment of these cases, we feel that sedation with large doses of sodium amyta seems to be the better course to follow.

The CHAIRMAN: Are there other comments?

Dr. LEWIS: As in all experimental scientific situations there are many points of view expressed, particularly when the matter of interpretation is up for discussion. This point might well be illustrated by the experiment said to have been conducted by a young school teacher. This teacher told her pupils that she wished to perform an experiment for them to illustrate the effects of alcohol on living tissues. Of course in the back of her mind was the idea of emphasizing particularly its ill effects, so she took a glass, poured in some alcohol and then dropped in a lively wriggling angle worm. Like every living thing thrown into a strong fixative, the worm gave three or four rapid gyrations and sank to the bottom of the glass, apparently dead. The teacher then said, "Now, pupils, you have seen the experiment. What lesson does it show? What moral concerning alcohol does it give us?" Several raised hands appeared and among them the teacher noticed one boy who was usually rather retiring but who seemed to be very eager to answer her question. The teacher said "All right, Henry, what do you say about it?" "Well," said Henry, "it shows that if you have worms you

should drink alcohol." The little story therefore illustrates that even in the simplest experiment one may expect conclusions of more than one kind.

I have a feeling gained from microscopic studies on brain cells that these neuron cells do not depend alone on the nucleus for their function. It is probable that the Golgi apparatus in the cell acts as a conducting system for neural impulses. It is possible that in the fatal cases the effect of the insulin has been to destroy the cell beyond any reconstruction. On the other hand, it is possible that in the insulin comas where the reaction is prolonged the drug affects this Golgi apparatus to the extent that it is partly destroyed but not sufficiently disintegrated but that a reorganization can take place with the restitution of function. During the insulin treatments it is a matter of common experience that a coma or a stupor can continue after the blood sugar has been brought back to normal. This indicates that there is some temporary damage or at least some active physiological deviation in the functions of the cortical neuron cells or perhaps in the subcortical nuclei. We do not know as yet where the exact foci of the reactions are located. If the damage to the cells is not overwhelming there is the possibility of physiological reversibilities with restitution of the functions.

We can conceive of cell damage taking place to the extent that it takes a little time for the regeneration of the intracellular Golgi apparatus. This is not at all to infer that we have regeneration of the cells when there has been a disorganization of all the cellular structures including the nucleus. I doubt very much that these prolonged coma reactions are of a vascular nature. There is evidence to the effect that the reaction of metrazol for instance, occurs directly on the cell and not on its nutritive channels. As far as the hemorrhages are concerned, during the metrazol therapy it seems to me that they can be explained to a large extent in terms of individual integrations and anatomy. Certainly there are individuals who are predisposed to hemorrhages by virtue of thin-walled vessels and other vascular anomalies. Not only are certain people predisposed to hemorrhages but some investigators have been described in some detail what we know as "hemorrhagic constitutions." This does not mean hemophilia but it does mean that some people bleed more freely from injuries and that their capillary walls are more easily bruised. These differences are noted daily in the various degrees of the reactions of people to simple injuries, bruises, and so forth.

There is some indication that vascular fragility and even some types of arteriosclerosis are inherited. In fact there is a strain of rabbits that appears occasionally in laboratories, in which the condition appears in the animals at a comparatively early age.

The CHAIRMAN: Dr. Lewis, I would like to hear you comment on the neuroglia produced in Ammon's horn as a result of insulin therapy. I have an impression that the neuroglia increase as described would be a chronic process and not such a reaction as one would expect in the short period of insulin treatment. I don't understand why that was referred to so frequently in these cases.

Dr. LEWIS: When one speaks of an increase in neuroglia cells or of a gliosis it is necessary to recollect that there are several types of glial cells. Ameboid glia do respond very quickly in acute conditions as do also microglia so that if one wishes to call these reactions gliosis I would say that it might be present in the very early convulsive cases. I should like to know whether the investigators are speaking of this acute gliosis or do they infer what we used to mean in the old days when we called it sclerosis of Ammon's horn.

The CHAIRMAN: I would expect so.

Dr. LEWIS: When you get a sclerosis as such, I should think it is an indication that the process has been going on for a long period of time. I do not believe that sclerosis as such appears in the more acute cases brought on by pharmacological convulsions.

The CHAIRMAN: Is there any further discussion?

Dr. CARP: In the monthly report to the Board of Visitors of the Rockland State Hospital for April, I was very much interested in the report of an accident to a 36-year-old woman who during a metrazol convulsion, sustained a fracture of the neck of the femur. I had never seen nor heard of such an injury by muscular violence. The patient had not fallen out of bed. It was ascertained that other similar injuries had occurred as complications during metrazol convulsions at the Rockland State Hospital.

I had never seen a metrazol convulsion, so with the cooperation of Dr. Blaisdell, the superintendent, and Dr. Holmes, who had been assigned to this particular type of therapy, I witnessed some 75 convulsions in different patients.

With the splendid cooperation of the department and the superintendents of various State hospitals we are able to ascertain through a questionnaire, some definite data as to the fractures and dislocations complicating metrazol therapy. I would like to express my appreciation to all those instrumental in this cooperation. It was of interest to find out how and why these particular fractures and dislocations occur, and if possible, to see how they could be prevented so far as it was possible to do so.

I have learned a lot about metrazol therapy in the literature. Four men mention injuries during convulsions. One, for instance, Dr. Nightingale

from Great Britain, reports only "fracture of the femur," without saying anything else. Another reports dislocation of the humerus.

I do not know of any one who has reported such a large group of fractures and dislocations caused by muscular violence as have been brought to light by our statistics.

We sent out the questionnaire some time in May. Up to that time there had been 1,404 cases of schizophrenia treated with insulin and 687 cases treated with metrazol. There were 46 male and 24 female patients who had complicating fractures, or dislocations, making a total of 70. The youngest patient was aged 17 years and the oldest patient was 44, the average age being 28.

The injuries which were received during complicating convulsions from insulin treatment were:

One dislocation of the mandible.

One fracture of the greater tuberosity of the humerus, anterior dislocation head.

One dislocation of the head of the humerus.

In the 67 patients who were injured during metrazol convulsions, some had more than one injury. One, for instance, had seven dislocations of the mandible so that treatment was stopped. There were 89 dislocations of the mandible; 14 dislocations of the head of the humerus; 3 intracapsular fractures of the neck of the femur; 2 intertrochanteric fractures of the neck of the femur; 1 fracture of the greater and lesser tuberosity of the humerus; 1 fracture of the greater tuberosity with dislocation of the head of humerus; 1 compression fracture of the seventh dorsal vertebra; 1 fracture of the transverse processes of the fifth lumbar vertebrae; 1 fracture of the neck of the humerus; 1 fracture of the anatomical neck of the humerus with fracture of the greater tuberosity, and posterior dislocation of the head; and 1 case of fracture of the angle of the mandible.

It was interesting to try to figure out the mechanism of these various injuries. This has been difficult because it is extremely uncertain during which period of a convulsive seizure an injury is sustained.

I believe it is a reaction between antagonistic groups of muscles. For instance, the fracture of the neck of the femur is probably caused by extreme spasms of the external rotators and abductors of the hip against the strong Y ligament at the hip joint which is one of the strongest ligaments in the body. In watching how the jaw opens at the beginning of the convulsion, it seems to me that its dislocation can be prevented, by immediately pushing up the jaw on the gag after the yawn.

Dislocations of the humerus were probably caused in a number of instances by a quick flinging up of the arms at the beginning of the convul-

sion. I will not describe the muscular mechanism. It is advisable to always keep both upper extremities at the sides of the patient during a convulsion. To prevent as far as possible injuries in the lower extremities, it is advisable not to have any restraint unless the patient is disturbed. Restraint adds an additional counterforce.

Apparently the number of previous convulsions the patient had, seemed to have no effect on the production of an injury.

This paper is in preparation now, and I hope to have it finished very soon.

The CHAIRMAN: Is there any further discussion?

Dr. BELLINGER: In this connection it would seem that the results obtained in the treatment of patients at the Brooklyn State Hospital with metrazol and insulin might be of interest.

Up to September 14 we had administered 12,607 metrazol treatments to 188 men and 238 women—a total of 426 patients, of which number 65 men and 43 women—a total of 108, were on parole, 3 of whom have been discharged. Twenty-two patients had been transferred to other hospitals; 2 men and 3 women—a total of 5, have died; 119 men and 172 women—a total of 291, remain in the hospital, of which number 15 men and 1 woman had improved to a degree where in all probability they will be paroled in the immediate future. Forty-seven men and 40 women—a total of 87 patients, have shown improvement in their general conduct and are much easier to care for. Fifty-seven men and 131 women—a total of 188 patients, have demonstrated no improvement. Many of the patients treated had shown mental symptoms for several years.

As to complications: we have had several dislocated jaws which were promptly reduced before the patients regained consciousness and which caused no distressing symptoms. One female patient suffered a fractured shoulder; one male patient, a fracture about the elbow; two male patients sustained fractures through the surgical neck of the femur; two female patients sustained dislocation of the shoulder; four men and three women developed lung abscesses; one female patient contracted bronchopneumonia. Two fractured hips occurred in patients who had been in the hospital for some time. Their bones were not particularly large and it would seem that it did not take very much to break them. Because of the nature and extent of these fractures it was necessary to reduce them by open operation. One patient made an uneventful recovery; the second developed pulmonary symptoms not unlike those seen in cases of embolism, and died 13 days following the operation. All of the other fracture cases made good recoveries.

One male patient who had received camphor and metrazol died from hemorrhage into the intestine as the result of the erosion of a duodenal

uleer. He showed some jaundice and autopsy disclosed some changes in the contour of the liver cells. We no longer use camphor, as we feel that there is no material advantage to be gained from it and that when it is administered the effects are difficult of control.

Of seven patients who developed lung abscesses, three died.

I was at first at a loss to understand why patients sustained fractures during metrazol convulsions and not during convulsions of epilepsy, unless perchance they were injured by falling. However, after observing many of these attacks I came to the conclusion that in an epileptic seizure the spasm of the muscles comes on gradually, whereas in the metrazol convolution violent muscular contractions take place within a few seconds after the drug is administered, so that the assault upon the bony structure is much more sudden in the case of a metrazol convolution than it is in the cases of epilepsy. In two of the cases where fracture occurred, the physicians present stated they were able to hear the bones snap soon after the beginning of the convolution.

We make no attempt to restrain patients while in a metrazol convolution other than to prevent them from falling, as we believe that any attempt at restraint increases the likelihood of fracture and also the lameness and discomfort resulting from muscular contraction.

We have had no fractures occurring during convulsions following the administration of insulin.

Up to September 10, 1938, we had completed treatment with insulin in 182 men and 169 women—a total of 351 cases, of which number 125 men and 99 women—a total of 224, had improved sufficiently to leave the hospital. However, 21 men and 15 women—a total of 36, have returned from parole, leaving 103 men and 84 women—a total of 187, on parole as of September 10. It is interesting to note that of the 27 cases returned from parole 21 were recorded as only improved at the time they left the hospital, their parole being granted because they had shown no dangerous tendencies and their relatives were desirous of giving them a trial. Three patients—two men and one woman—died during insulin treatments, two of the deaths being due to respiratory disturbance and one to cardiac failure.

The CHAIRMAN: Is there any further discussion? There seems to be none. Dr. Savitt, do you care to say anything in closing the discussion?

Dr. SAVITT: No, I have nothing further to add at this time.

The CHAIRMAN: The paper has been very instructive and the discussion very interesting.

At this time, Dr. Mills, do you care to make any announcements?

Dr. Mills: This room will be available after the luncheon for the members of the Boards of Visitors, if they wish to have their meeting here.

There will be cars and busses at the building where the luncheon is to take place, for the purpose of taking you to trains when you wish to go. The trains leave about every half hour: one at 2:29; 3:02; 3:34; 4:06 and 4:39.

If there are any members of the Conference who have not registered, please do so before leaving this room.

The CHAIRMAN: We will now proceed to receiving reports of the committees. I will call for the report of the Committee on Construction, of which Dr. Garvin is the chairman.

Dr. Garvin read the following report.

REPORT OF COMMITTEE ON CONSTRUCTION

Meetings of the Committee on Construction were held at the Albany office of the Commissioner of Architecture, August 9-10, 1938.

There were present Dr. Wm. J. Tiffany, Commissioner of Mental Hygiene; Mr. Wm. E. Haugaard, Commissioner of Architecture; Drs. Kieb, Mills and Garvin of the Committee on Construction, and Drs. Rowe, Storrs, and Wearne from the State schools, who were invited to attend the meetings and who gave valuable counsel and advice on matters of construction and personnel from the standpoint of the State schools.

Commissioner Haugaard presented before the committee preliminary drawings for the new State school, to be located near Sea View Hospital, Staten Island. An option on a plot of 378 acres has been secured. The city of New York will surround it on three sides by a fine parkway. Busses from New York City to Staten Island can reach the hospital within 15 or 20 minutes. Five million dollars is available for construction out of the 1937 bond issue; the Federal government will contribute another \$5,000,000 and the balance, \$1,500,000, will doubtless be allocated out of the 1937 bond issue by the coming Legislature.

The total cost of the new State school will be in the neighborhood of twelve million dollars and it will accommodate 4,000 patients. Water will be furnished by the city of New York and the State will build its own sewage disposal plant. Electric current may be obtained from nearby electric lines. There is a possibility that fuel oil will be used at the power plant on account of the buildings being within the city limits. All residence buildings will face the new parkway. Ample playground space will be provided.

The new institution will consist of the following units housing patients:

	Patients
Reception and hospital building	200
Nursery building	100
Psychopathic building	20
Psychiatric	200
10 buildings housing 115 infirm patients each	1,150
12 buildings housing 200 able-bodied patients each	2,400
	<hr/>
	4,070

The committee held a third meeting at the New York office of the State Architect, Friday, September 16, 1938. Present were Dr. Wm. J. Tiffany, Commissioner of Mental Hygiene; Mr. Wm. E. Haugaard, Commissioner of Architecture; Drs. Mills, Parsons, Ross and Garvin of the Committee on Construction, and Drs. Wearne, Storrs and Rose of the State schools.

At this meeting advanced plans for a kitchen building, reception, able-bodied and infirm buildings for the new State school were considered. The first buildings to be erected for patients will be the reception and hospital building, nursery and psychopathic buildings, buildings housing 600 infirm patients and central dining room and kitchen building for both one of the infirm and able-bodied patients group. There will also be erected buildings housing staff and employees and service buildings.

The buildings of the new State school will be of the colonial type, of brick; no flat roofs.

Mr. Haugaard will restudy the capacity of the reception building; perhaps one floor can be omitted. The infirmary buildings will be one story in height, heated by indirect heat, will have dwarf partitions 30x33 inches. Mr. Haugaard will restudy the water section plan.

The committee decided to erect a central vegetable preparation room in connection with the storehouse.

**Wm. C. GARVIN, Chairman,
Committee on Construction.**

The CHAIRMAN: What is the wish of the Conference in regard to the report of the Committee on Construction.

Motion made, seconded and carried that the report of the Committee on Construction be accepted.

The CHAIRMAN: The next is the report of the Committee on Nursing of which Dr. Taddiken is the chairman.

Dr. TADDIKEN: I have nothing to report at this time.

The CHAIRMAN: Next is a report of the Committee on Prevention.

Dr. Steckel read the following report.

REPORT OF THE COMMITTEE ON PREVENTIVE WORK

A meeting of the Committee on Preventive Work was held in New York City on September 16, 1938. All members were present.

This committee has not as a group been functioning very actively during the past several years, but it has observed rather carefully the activities of the individual institutions in the department and we wish at this time to record our unqualified and hearty approval of the work which has been going on and to commend the hospitals and schools for the excellent spirit in which an aggressive educational campaign has been carried on.

The central offices of the department have likewise been active with the distribution of various bulletins, et cetera, which we feel has excellent educational effects upon the general public. While this work might by some be considered to come under the heading of publicity, we of the Committee on Preventive Work feel that any educational program should in the long run have preventive implications.

It is gratifying to the committee to observe from reports of the special educational activities printed in the PSYCHIATRIC QUARTERLY SUPPLEMENT that contact is had with many varied groups in the community served by the institution. We believe this work should be encouraged and expanded. It would appear that latterly more professional groups, including especially physicians and nurses, are addressed. This is a healthy sign, but we believe lay groups, particularly parent-teacher groups, should be afforded opportunity to hear talks on mental hygiene in its many aspects and ramifications.

The question of the advisability of recommending a course in mental hygiene for clergymen similar to that given public health nurses several years ago was discussed. It was felt that this might be a good move but that the time was not as yet ripe for a State-wide program of this kind. At least two institutions in the department are cooperating with the Council for the Clinical Training of Theological Students and perhaps until the value of this work is proven a more comprehensive program is not in order.

For many years we have recognized the need for adequate and persistent treatment of early syphilis in order to reduce the incidence of paresis. The hospitals have impressed this upon the medical profession in many ways. The social hygiene group of the State Department of Health has taken over this burden to a large degree but we believe the Department of Mental Hygiene should not reduce its activities in this respect, but should rather amplify and reinforce what the Department of Health is attempting. It still seems important to emphasize the fact that neurosyphilis does not respond to the usual antisyphilitic measures and that every case of syphilis should be subjected to a spinal fluid examination.

The committee also discussed the arteriosclerotic problem. Can anything be done to reduce the incidence of psychoses among arteriosclerotics? One gets the impression that more attention to general hygiene and removal of environmental stresses early in the condition might well prevent the development of frank psychosis. This should of course be a problem for the general practitioner and is aside from the social and economic aspects of the problem. We believe a study along these lines might give us considerable light as to how to meet the present conditions as they now exist.

Probably the most important preventive program is that which deals with the problem child and the maladjusted adolescent. Hence the child guidance clinics loom large in our consideration. For more than fifteen years the department has conducted clinics throughout the State. Are they doing anything so far as reducing admissions to our hospitals is concerned?

We recommend that the department provide means for a survey of cases seen in the clinics to determine how effective our work has been. A study of cases seen during a certain period should be made to determine what has happened to them. If such a survey is undertaken it might also take cognizance of the quality of work done and decide whether closer followup might have proven more efficacious. The question as to whether the institutions of the department could furnish the personnel for such a study must of course be settled by this Conference.

During the past year through the offices of the New York State Committee on Mental Hygiene, of the State Charities Aid Association, a number of physicians were given a two-months course in clinic work in and around New York City. This should tend to stimulate interest on the part of our hospital physicians in extramural work and should lead to a more efficient clinic service. This committee recommends that an annual repetition of this course be had for several years to come until all clinic physicians have had a similar opportunity.

HARRY A. STECKEL, M. D., Chairman,
Committee on Preventive Work

The CHAIRMAN: What are the wishes of the Conference regarding the report of the Committee on Prevention?

Motion made, seconded and carried to accept the report of the Committee on Prevention.

The CHAIRMAN: Are there any other committees to report?

If not, we will proceed to New Business.

Under the heading of "new business" comes up the matter of the election of the officers' representative on the Hospital Retirement Board for the two-year period beginning November 1, 1938. What are the wishes of the Conference in this matter?

Dr. Mills: I have heard many expressions of appreciation of the services of the present incumbent on the Retirement Board, and I move that Dr. Ross be redesignated to represent us in the next two years.

Motion was made, seconded and carried that Dr. Ross be redesignated as the officers' representative on the Retirement Board for the two-year period beginning November 1, 1938.

The CHAIRMAN: Is there any unfinished business to come before the Conference at this time?

Dr. Garvin: The Committee on Uniforms held a brief meeting before the Conference this morning. The Chairman of the Committee has received quite a number of suggestions regarding changes of different types of uniforms. He will assemble them and forward to the different hospitals a list of the changes suggested and ask their opinion on the matter. The suggested changes will be brought before the next Quarterly Conference for discussion.

The CHAIRMAN: At this time the Conference believes it is fitting that the remainder of this Conference, the first since the tragic death of our late member, Dr. Charles L. Vaux, be made a memorial session in tribute to him.

Dr. Vaux died on July 22, 1938, a few hours after an accidental fall sustained while on an evening inspection tour of duty. He was a member of this Conference for more than seven years after his appointment to the superintendency of the Newark State School on February 1, 1931. During that time his sterling qualities as an administrator and a psychiatrist were repeatedly demonstrated to us. We all know of the uninterrupted progress in the care of the mentally defective in the Newark State School which was the direct result of his never failing enthusiasm, his great capacity for work, his foresight and his knowledge of requirements for organization, teaching and therapy.

Dr. Vaux leaves a host of friends in this Conference who regret his untimely death but who are proud to have been associated with him. His example and accomplishments at the Newark State School have done much to remove the stigma and pessimism formerly associated with work for mental defectives and have demonstrated the fact that beneficial results can be secured by proper teaching and therapy.

Dr. Rowe has a tribute to offer.

Dr. Rowe made the following tribute.

MEMORIAL TRIBUTE TO DR. CHARLES L. VAUX

This is indeed a sad occasion which brings me before you today. It is that we may pay tribute to our good friend and colleague, Dr. Charles L. Vaux, who in the manner of his passing demonstrated one of the sterling

qualities of the man, his deep interest in those entrusted to his care, for his death occurred from injuries accidentally sustained while on a tour of inspection of his institution in order that he might know that all was well and his charges properly safeguarded. Nothing could have been more tragic or untimely.

Dr. Vaux was born in Buffalo, N. Y., October 6, 1880. It was in that city that he obtained his early education and graduated from its College of Medicine. After completing an internship in the Sisters of Charity and the Buffalo Emergency hospitals, he entered the service of our department at the Central Islip State Hospital. For twenty-seven years he labored diligently and well at that institution until he was promoted to the position of superintendent of the Newark State School in 1931. I consider it a personal misfortune that I was not acquainted with Dr. Vaux during his years of work on Long Island. However, I am sure that if his former superintendent could be with us today, he would express the admiration and esteem that we know was held for him. He would be happy in the success that was later reached.

When our country became involved in war, Dr. Vaux answered the call and served as a captain in the neuropsychiatric division of the Army at Camp Wheeler, Georgia; Plattsburgh, N. Y., and later in France with the Fortieth New York Division.

With the coming of the spring of 1931, both Dr. Vaux and I were appointed to superintendencies of similar institutions in the center of the State. Our work and problems were the same, and from this there sprung up a friendship which was lasting until his death and which will always be cherished.

Dr. Vaux was a most able administrator. He was not a dreamer, he was a doer. He possessed the ability to see the things which he undertook through to a successful termination, no matter what obstacles came in his way.

In many things pertaining to the care and training of the mentally subnormal, Dr. Vaux was a pioneer, yet he did not lose sight of the methods that had already been in use. Before a Conference at the Marcy State Hospital in 1933, Dr. Vaux spoke on The New Developments in the Care and Training of Mental Defectives. Regarding occupational therapy which had always been dear to his heart, he said, "We feel there can be no disadvantage in placing craft work under trained occupational therapists who have a teacher's viewpoint, who can be patient with those slow to learn, whose personality is both sympathetic and stimulating, and who concentrate on the ultimate benefit to the patient." At the time of his death he had developed in his school a well-organized occupational therapy department which he

had placed on a par with the academic work there. While he continued colonies and paroles along previous lines, he pioneered in the matter of family care. Regarding this, he said that Dr. Sanger Brown had presented a paper in May, 1932, concerning the extra-institutional care of patients, and in August of the same year a movement to place selected children in boarding homes in the village, where they could attend the village school, had been instituted at Newark. Again he said, "At the December Quarterly Conference last year, Dr. Horatio M. Pollock read a paper in which he described family care at Gheel. Early the next month we selected a village in which we felt Gheel could be copied in a small way." This was the beginning of community care at Walworth which is so well known to all of us. What a satisfaction to him it must have been to see the success which he attained, for today the Newark State School has forty children in homes, attending public school and one hundred twenty-seven in community care.

He was the first to organize in any of our State schools a department for the treatment of spastic paralyses in mental defectives and thus helped the crippled child to walk.

Dr. Vaux had unusual ability in choosing most capable assistants whom he imbued with his own enthusiasm for progressive projects. Quiet in manner, reserved but humane at his work, in his home he was most affable and courteous, always surrounded by a host of friends. Never of robust physique, his concern for his patients and his staff in general did not permit him to spare himself any effort for their well being and this, together with his driving energy, gradually took its toll of his physical health.

It has been wisely said that an institution is but the shadow of the man. If that be true, the new and modern hospital and infirmary, recently completed at Newark and which has been so deservedly named the "Vaux Memorial Hospital," speaks highly of the man. In a world too quick to forget, he will be long remembered, not only at his own institution and in this group, but also throughout our country where others are engaged in similar activities.

The CHAIRMAN: Dr. George H. Watson, president of the Board of Visitors of the Newark State School, will offer another tribute.

Dr. WATSON: Commissioner, Ladies and Gentlemen. At the request of the Commissioner, I have prepared this tribute to Dr. Vaux:

Of too few men can it be said they grew in honor, in the love of their fellow men and in usefulness, to life's end. It is difficult for those closely associated with Dr. Vaux, whose untimely death occurred in the prime of life and at the height of his usefulness, to speak in restrained terms of what he meant to us, and what he did for Newark.

Beneath his simple unfailing courtesy was seen a strong and virile personality, a high order of mental and moral courage, a resourcefulness equal to any task laid upon him in making changes and meeting problems. His progressive methods guided all factors of the school objectively, and with ceaseless activity. This gave the school and its personnel a moral and spiritual uplift.

Dr. Vaux faced all realities with a clear and open mind, with a definite purpose, and an abiding faith in the importance of his mission. To this end he mobilized and unified all the forces at his command. His spirit dominated all departments and influenced all activities. Under his able leadership problems melted away. He knew that the forces which build and give life to institutions are essentially spiritual; that they are built by men, rather than by laws and regulations.

The school became his lengthened shadow in growth and expansion. Much of his success was due to his humanizing influence, his sympathetic understanding of individual needs, his skill in detecting aptitudes, his wisdom in selecting and placing people best suited to the needs of the school, and the necessities of its wards.

The orderly smoothness in which the school, its colonies and all elements operated came from a master mind of rare ability, from frankness and honesty of purpose, and without a taint of self-aggrandizement. Dr. Vaux never spoke or acted for effect, nor did he crave publicity. To serve, without cheapening human values, to enrich the lives of those under his care, teaching the true humility of service, made debtors of them all. He was loved and respected, not more for what he did, which was much, but for what he was, which was more.

In the harvest of years his spirit will find expression in the trees, shrubs and flowers with which he made Newark more beautiful than he found it. This was one of his contributions to creative education. In the history of these eight short years will be found more progress made than in all the previous life of the school. But, his truest monument, his lasting tribute, will be the Vaux Memorial Hospital. This noble building which was his creation and patterned after himself was named for him in recognition of his valuable services to the school, and to the State.

Dr. Vaux was a kind and courteous gentleman. His freedom from the tumult of the world, from the follies of the day, from the strife to outshine others, from overconfidence in his own endeavors, his tolerance and fine consideration for others, won for him not only the complete cooperation and loyalty of his staff, and his Board of Visitors, but the affection of all who came under his influence. His untimely death came too soon, not only for the school, but for the community in which he was held in the highest esteem as a friend and benefactor.

Dr. GRAY: In honor of our late friend, I move that a committee be appointed to draw up suitable resolutions to be inscribed in the minutes of the Conference, and to be published in the forthcoming SUPPLEMENT. I also move a copy be transmitted to Mrs. Vaux.

The CHAIRMAN: A motion has been made and seconded that a committee be appointed to draw up suitable resolutions to be inscribed in the minutes of this Conference, to be published in the QUARTERLY SUPPLEMENT and a copy be sent to Mrs. Vaux.

Motion carried.

The CHAIRMAN: I will appoint on that committee: Dr. Steckel, Dr. Van DeMark and Dr. Watson.

The committee later submitted the following resolution:

WHERAS Almighty God in His inscrutable Providence has taken from us our friend and colleague, Dr. Charles L. Vaux, in the prime of life and at the height of his usefulness, we, his associates and friends, in recognition of his inspiratory personality, fidelity to his trust, his able leadership, administrative ability and beneficent activity, desire to give expression to our loss. Dr. Vaux was a man of broad, sympathetic humanism and sterling character. This animated all of his endeavors and reflected his purpose, which was to enlarge his scope of usefulness, to guide and enrich unfortunate lives through a wise administration. His never failing courtesy, his toleration and consideration for others was an inspirational influence which will long be felt by those who lived and labored with him.

Therefore be it,

RESOLVED: That in his untimely death, the Department of Mental Hygiene, the Newark State School and the State Service has sustained a most serious loss; his friends and co-workers, a major grief.

and be it further,

RESOLVED: That this resolution be placed upon the records of this Department, and a copy be sent to his bereaved widow.

George H. Watson,
John L. Van DeMark,
Harry A. Steckel,
Committee.

The CHAIRMAN: If there is no further business to come before the Conference, a motion to adjourn is in order.

Motion made, seconded and carried.

Adjourned.

HISTORY AND DEVELOPMENT OF CREEDMOOR STATE HOSPITAL

BY GEORGE W. MILLS, M. D.,
SUPERINTENDENT, CREEDMOOR STATE HOSPITAL

About the middle of the nineteenth century there was a railroad on Long Island known as "Stewart's Railroad" or the "Main Line of the Central Railroad." Trains for this line ran from Long Island City over the tracks of the "Flushing and North Side Railroad" to West Flushing and from there over their own tracks to Hinsdale (which is now Floral Park) and to Garden City, Farmingdale and Babylon; with a spur from Farmingdale to Beth Page. There was a small village on this line and postoffice known as Creedmore but I did not learn the origin of this name.

About 1867 or '68 a Captain Charles Wingate of the New York State National Guard issued a manual on military rifle contests fashioned after the English Hythe system. Captain Wingate and friends organized a small rifle association at Creedmore, his manual was adopted by many states. The National Rifle Association was formed and the Creedmore group joined them. About 1870 the New York State Legislature authorized the purchase of property at Creedmore and the State bought not only the holdings of The National Association but some adjacent land on the west, north and east. In June, 1873, the first annual rifle competition was held there. In 1874 the Irish team, which had won in a rifle contest at Wimbledon, challenged America and the challenge was accepted by an organization known as the Amateur Rifle Club. The contest was held at Creedmore and the Irish team lost on the final shot. In 1875 Ireland had its revenge on its home range but in 1876 Creedmore was as prominent as Wimbledon with an international competition in which Ireland, Australia, Scotland and Canada participated. This seems to have been the high water mark in rifle competition at Creedmore.

The New York National Guard continued to use the range, a number of regimental houses, mess halls, et cetera, were built, but with increasing settlement of the territory to the north and increased carrying distance of projectiles, complaints began to flow in of bullets topping the hill and landing too close for comfort. The range therefore gradually fell into disuse, and somewhere along the line the spelling was changed from **CREEDMORE** to **CREEDMOOR**.

In 1908 the State hospital in Flatbush was known as the Long Island State Hospital and consisted only of the old brick buildings inherited from Brooklyn. The 1908 Legislature made Creedmoor's 200 acres available as a site to replace the institution in Brooklyn. After plans had been started and arrangements had been made for a railroad spur, the Governor and the

"State Commissioner in Lunacy" entered on a new policy: namely, to sell the Creedmoor site and to purchase a larger one. A committee of the Board of the Long Island State Hospital was asked to select this new site. The first one, situated in the town of North Hempstead, was almost immediately declared unsuited, the second was a little further out on the Island at Glen Head but property owners raised objections, a third site was picked near the village of Jericho, but property owners again objected. The fourth site was at Farmingdale but a clear title could not be obtained. It was then the end of May. A quick move was considered necessary while the Legislature was still in session and the money which had originally been appropriated for the rehabilitation of the Flatbush plant was diverted to the purchase of land near Lake Mohansie. This site is now traversed by the Bronx River Parkway extension.

In 1909 and '10 there were no new developments but the annual reports of the hospital show that there was occasional talk of retaining Creedmoor and of possibly building. In 1911 seven acres were sold to the Motor Parkway.

During the fiscal year of 1911 and '12, the project got more life and in April of 1912 the Governor signed a bill appropriating \$50,000 for the commencement of erection of buildings and including a railroad switch. Plans were drawn, a hospital was pretty well thought out with a somewhat different plot plan from what was later followed.

In 1912 and '13 this interest waned and the State Hospital Commission decided not to spend the \$50,000 but to wait on a more fully developed plan for the care of mental cases of the entire metropolitan area. However, in the summer of 1912, (26 years ago) Creedmoor was colonized with 32 patients.

Then occurred a period of prolonged inactivity and it was not until 1918 that real interest was revived and it again looked as if Creedmoor might eventually boast an institution. In that year the State Hospital Development Commission recommended buildings for 3,000 patients and repair and renovation of old buildings then on the site was started. In the fall of 1918 some of these buildings were occupied and at the end of that year there were 150 patients here. The construction of a sewerage disposal plant was initiated. The 1920 Legislature authorized a \$3,000,000 spending program and appropriated \$500,000. Plans were drawn for the third time and approved but at a special session of the Legislature in the summer of 1920 a law was passed transferring Creedmoor to be used for the construction of a military hospital for ex-service men with mental disease and in October, 1920, the Brooklyn State Hospital began moving patients and

their belongings back to Brooklyn. By Christmas time all patients, furniture, et cetera, were out and only a caretaker remained.

Fate seems to have been laughing up her sleeve all these years however, and none of the plans which had to do with abolishing Creedmoor or taking it away from what is now the Department of Mental Hygiene went on to completion and each time Creedmoor was returned to its parent in Brooklyn. In May of 1921 permission was given to recolonize, and in June 75 patients were here.

The 1922 Legislature amended the law of 1920, provided definitely for the Creedmoor Division of the Brooklyn State Hospital and made the \$3,000,000 again available. In 1922 the Stewart contract was let. This provided for the power house, two patient buildings (O and P) and their kitchen and dining room building; also a deep well was started and sewage disposal beds. In 1923, 61 acres were purchased and later additional acreage brought the total to 314.

Construction continued throughout 1923 and the 1924 Legislature appropriated \$3,500,000. June 30, 1925, the De Risso contract was let; it provided an administration building, a storehouse, a vegetable preparation and storage building, a fire house, two homes for nurses, three homes for employees, three cottages for physicians, two patient buildings and a kitchen and dining room building.

In the spring of 1926 the patient buildings from the first contract were occupied and a contract was let for a laundry. Eighteen years were required from the birth of the idea of a new hospital at Creedmoor in 1908 to the first patients in new buildings in 1926. It really is just a matter of unusual luck that we are all here today and not at Mohansie or Farmingdale or some other place.

The work on the De Risso contract progressed slowly and in June of 1928, two patient buildings, now designated as "L" and "M," were occupied. During 1928 and '29 contracts were let for a truck and ambulance garage, bakery, barn, propagating house and a laboratory.

In April of 1930 the Seglin contract was begun which provided 12 buildings: namely, a large group for disturbed patients with 1,054 beds, a group for sick and infirm with 600 beds, two employee homes, a shop building, a superintendent's residence, four detached cottages for physicians and a five-family house.

In November of 1931 the so-called Agostini contract was let for five buildings. This provided three homes for employees, one nurses' home with training school and teaching setup, and one five-family house for nonmedical staff officers. The buildings provided with these two contracts increased our certified capacity to its present figure of 3,504. In May of 1935

contract was let for the building in which we are now meeting and this was occupied for church services in October, 1936, opened for entertainment of patients in February of 1937. Last year a reception building was started and we now have a total of 49 buildings.

The first emergency relief funds came to us in 1931, continued throughout 1932, 1933, 1934 and in 1935 began the WPA. The extent and scope of work done with relief labor gradually increased. The past two years the program was especially ambitious and extensions to two buildings were completed. A new garage was constructed, a stadium, which we hope will be finished this fall, and we have received much in the way of concrete walking tunnels for service lines, new roads, sidewalks, curbing, replastering, repainting, and so forth.

MINUTES OF THE QUARTERLY CONFERENCE

DECEMBER 17, 1938

The Quarterly Conference of the State institution visitors and superintendents with the Commissioner of Mental Hygiene was held at the Psychiatric Institute and Hospital, New York, on December 17, 1938, with Commissioner William J. Tiffany in the chair.

The CHAIRMAN: The meeting will please come to order.

First on the program is an address of welcome by Dr. Nolan D. C. Lewis, director, Psychiatric Institute and Hospital.

Dr. LEWIS: Mr. Commissioner, members of the Quarterly Conference and guests. It is always a pleasure to welcome the members of the Quarterly Conference with their guests at the Psychiatric Institute for this midyear meeting.

I should like to take advantage of this occasion to express my appreciation to the State hospital superintendents and their staffs for the assistance tendered us from time to time during the past year in the form of most helpful information and material for research that they have freely placed at our disposal. At times, I fear they have done this at the expense of their own immediate interests and time. Without this aid we would have been seriously handicapped in the particular aspects of mental disease which we have selected for study. We will be glad to serve you in turn in any way possible today or any other day.

I hope you will enjoy this conference and also have every opportunity to, shall I say, satisfactorily reintegrate your social contacts with each other.

We are very happy to have you here at the Institute and I trust you will all stay with us for lunch to be served at 1 o'clock.

The CHAIRMAN: Thank you, Dr. Lewis. We very much appreciate your cordial welcome, and I am sure we will enjoy the Conference both from the scientific point of view as well as from the social side.

The next on the program will also be given by Dr. Lewis. It is a paper on: "Review of the Work of the Psychiatric Institute During the Past Year."

Dr. Lewis' paper will appear in the April issue of **THE PSYCHIATRIC QUARTERLY**.

The CHAIRMAN: I think the Conference will agree with me that Dr. Lewis' description of the work which is currently going on and which has gone on in the Institute very amply demonstrates that it is meeting the objectives for which it was originally set up.

A report like this must be as stimulating to this Conference as it is to me. The variety of studies which are going on; the way it is integrating the work not only of our own institutions but the work going on generally throughout the country and in other countries.

I am sure there must be aspects of Dr. Lewis' report that various members of the Conference will wish to either inquire about or discuss.

Dr. Lewis' report is open now for discussion.

Dr. POLLOCK: I would like to ask Dr. Lewis a question. He spoke of certain brain changes following the use of insulin. I would like to ask whether those changes are of such a nature that the drug would constitute a danger to the patient, or whether the use of insulin during a long series of treatments would be likely to cause permanent damage to the patient.

The CHAIRMAN: Perhaps it might be well to answer questions as they are asked, Dr. Lewis.

Dr. LEWIS: Before one makes a pronouncement of what should be taken as final, I feel we should have more studies made; I feel we should have more cases to study. For one thing, I feel we should be able to compare what we get from humans with what we can do with animals in order to determine what changes may be due to inherent diseases and attendant pathological conditions. We also have to take into consideration a number of other things and the only way is to make comparisons for a while longer.

I don't know what Dr. Ferraro thinks about this. Perhaps Dr. Jervis might tell us something about it. If I were to do the work personally, I should want to do it in a number of animals and then compare what we get with the humans, that is, what they have in common. There are inherent and incidental diseases in animals as well as in patients. The histological changes seem to be more severe than when present in ordinary edema of the lungs.

Suppose we do find histological changes in the brain in a number of cases after death—in the face of a percentage of improvements are we justified in withholding treatment?

There are certain predispositions in some individuals to the reaction of drugs and their effects. Perhaps there are unfortunate ones who could not handle the insulin situation, just as some people suffer a great deal of damage to the brain from the use of alcohol and others not so much. That question is still referred back to the constitution.

In regard to problem cases, and there is a greater and greater number of problem cases each year, the problems will not become exhausted but there may be a danger that workers will get exhausted in their attempts to solve the problems.

I think your question is a pertinent one and we should be in a position after a while to make more informative comments.

The CHAIRMAN: That situation might indicate that there is a need for material and that if it could come from the institutions, it might be useful.

Dr. LEWIS: The more material we can get and the more information as to what has happened that can be given us, for instance after death, the greater the opportunity to gain important information.

The CHAIRMAN: Are there others, either members of the Conference or visitors who would like to discuss this excellent presentation of Dr. Lewis' paper? I am sure it is not lack of appreciation, Dr. Lewis, that there is not more discussion of your very fine paper, but I think perhaps it is over most of our heads.

If there is no further discussion, we will proceed to the next topic on our program, the title of which is Lines of Development of Child Guidance Clinics, by Dr. George S. Stevenson, who is director, division of community clinics, National Committee for Mental Hygiene. He is also active in many other aspects of the work. As most of you know he was formerly a member of our own organization and our own Psychiatric Institute.

It gives me very great pleasure to have Dr. Stevenson come back this way to us and address us on a subject in which he has had vast experience in the last few years.

Dr. Stevenson's paper appears on page 31 of this issue.

The CHAIRMAN: As most of us had anticipated, Dr. Stevenson has given us a good many things to think about. I think most of the members of this Conference have been quite concerned about the ability of the State to do as much as it could or should in the development of extramural work, especially along the lines of child guidance, to meet what its name indicates in every sense of the word, the mental hygiene situation, the prevention of the development of conditions which eventually either require institutional care or some special arrangement with the community whereby the individual can be integrated into it and acceptable to it.

I am sure there will be a great deal of discussion of Dr. Stevenson's very constructive suggestions.

I would like to ask Dr. Donald Cohen, chief child guidance psychiatrist of the Department of Mental Hygiene, to lead the discussion of Dr. Stevenson's paper.

Dr. COHEN: Dr. Stevenson's splendid exposition regarding the future of the child guidance clinics comes at a very opportune time, for we, in Albany, have been very much concerned as to what the future program of our child guidance clinics in New York State will be.

We have for the most part kept out of the larger centers because it has always been felt that large communities should develop their own child guidance facilities, as the department did not have sufficient personnel to provide service in these centers. Consequently, we have confined most of our activities to the smaller centers which were financially unable to go ahead and develop clinic facilities of their own to deal with their problem children. It would seem that we have done this job too well for today the demands on the State for clinic service has reached such a point that we must curtail it and turn back part of these services into the local communities in so far as possible.

For one thing, we have decided to cut down on some of the educational work which we have been doing in schools. As you probably know, the State Department of Education has done practically nothing along this line in the schools. This situation has been discussed with Dr. Tiffany and we in the department feel the time has arrived for the State Department of Education to take over this activity and include it in their own program. I believe something will be done by the education department in the near future.

We have recognized that for the most part the child guidance clinics, as conducted by this department, have been diagnostic in character—not because we have wanted it so but because we have had to deal with local conditions as we found them. The communities have so many cases which they wish examined that it has been most difficult to curtail the number of new cases seen in order to do more intensive work. We have tried to sell the idea to the communities that these clinics should primarily be used for treatment, rather than for purely diagnostic purposes. Because of the number of new cases referred to each clinic, we are unable to have cases come back for treatment as often as we would desire.

Another handicap is the infrequency with which we come into each community. Once or twice a month is not sufficient for a satisfactory treatment program.

When we decided some years ago to have these clinics in some areas taken over by the State schools and State hospitals, untrained persons were placed in charge of them in many instances. These individuals had had good psychiatric training but, as regards child guidance work, they had had practically no previous experience. This has been an additional handicap.

One of the things we must achieve is the development of training facilities for people in our State hospitals and schools. A start along these lines was made this year through the assistance of the State Charities Aid Association, which arranged a course in child guidance for physicians in our various institutions. If our institutions are to become a part of community

activities in the field of child guidance, it is most necessary for them to develop from their personnel individuals to take over this work.

Similarly, we must have some program of educating community workers in the principles of mental hygiene in order that there will be developed in these communities persons capable of cooperating with the clinic by being sufficiently competent to carry out treatment plans for cases they have referred to the clinics.

Communities cannot expect that the State will do the followup work and carry out treatment plans. It must necessarily be a local activity and we must direct our efforts toward the training of local people in this field. That is, of course, an extensive program. Several years ago we did make some inroads in educating local persons in mental hygiene principles. A course for public health nurses given by the department, in conjunction with the State Health Department, was a tremendous influence and had an excellent effect on the type of cases being referred to our clinics. Previously, community workers regarded the clinics as a means of eliminating undesirable children from schools and communities. Shortly after this course was completed, I noted, especially in the district where I was conducting clinics, a marked change in the type of cases referred to our clinics. Communities no longer centered their main interest upon mental defectives and purely educational problems. Instead, children presenting behavior and personality disorders were increasingly referred to clinic.

I think the time is at hand when another such course along these lines should be undertaken, in conjunction with other interested State departments.

As Dr. Stevenson mentioned in his paper, communities are starting to take an active interest in developing their own clinic facilities and I know of one county now which is already setting into motion machinery to develop its own clinic setup. This is a start in the right direction and I believe that when this unit has become established, other counties will likewise try to develop a similar type of activity.

Dr. Stevenson mentioned the need to know local conditions and facilities existing in the communities, in order that the clinic may function more satisfactorily. We have for years impressed this point on our workers. I believe that the personnel conducting clinics in the State know what facilities exist in each community where they are conducting a clinic. We feel it is almost useless to try to do a proper job in a community without knowing what facilities are available. Some years ago we circularized communities where we were conducting clinics, in order to obtain a list of the facilities existing in these communities which could be of value to our personnel in working out treatment plans for cases referred to clinic. We de-

sired to know what we had to deal with in each community which would be of benefit to us, what educational facilities were available in the schools for special instruction of the retarded or superior child. We wanted to know, for example, about the health, vocational, recreational and club facilities in each community. We recognized the fact that we had to have this information in order to do any kind of a job with these problem children.

There are other points I should like to mention but I fear the hour is too late.

I wish to thank Dr. Stevenson for the interesting paper which he presented to the Conference today.

The CHAIRMAN: Dr. Stevenson's paper is now before the Conference for discussion.

Is there further discussion?

Dr. GARVIN: I was greatly interested in Dr. Stevenson's instructive paper. All mental hygienists agree that the vast majority of children's problems are due to situations arising in the home, the school and the environment. Not only do we have to treat the child but also parents and environmental situations as well. It is important that the behavior disorder be detected and treated early. The ideal place for a child guidance clinic is in the schools. Behavior disorders in children should first be spotted in the kindergarten and treated there and the future progress of the child be carefully supervised all through his school career. This plan not only involves the establishment of a clinic, but also the education of the teacher, truant and attendance officers in the principles and practice of mental hygiene, and also provides psychiatrically trained visiting teachers or social workers to carry out the prescriptions outlined by the clinic psychiatrist.

A course in mental hygiene should comprise an essential part of the education of every teacher. This will have a tendency to break down the resistance, which many school authorities have, to the introduction of innovations in the school setup. The teaching group should be educated to the point where they realize that the development of a well-rounded, stable personality is just as important as scholastic progress.

The CHAIRMAN: Is there any further discussion?

Mrs. RAYLAND: May I say that I agree very heartily with what Dr. Garvin has just said with regard to children's care? I know how difficult it is to follow out the recommendations made by the child guidance clinics, particularly with the local boards of education. With the education facilities we have, there is a large amount of work to be done in the Department of Education before we can really follow out any recommendations. Even the age limits for compulsory education stand in our way.

Dr. STECKEL: In view of the fact that Dr. Stevenson mentioned Syracuse, I feel I should say something.

The first full year we were operating at Syracuse, we had 103 children brought to our so-called child guidance clinics for attention, and during the last fiscal year that number was practically doubled. There were 207 children brought in. The number of return cases indicates that apparently the parents feel something is being done for the child because in the first year we had only 110 return visits and in the last year 1,226 return visits which means there has been no difficulty in selling the service to the parents. They really feel that something is being accomplished with the child.

There is a question as to whether or not the city should assume responsibility or whether the State should carry on this work. If we could show from the cases that had been seen in the clinics, that admissions in State hospitals are eventually prevented, then perhaps it becomes the function of the Department of Mental Hygiene to supply the clinics. On the other hand, if this cannot be shown and it is merely a matter of treating problem children during their public school year, then perhaps, it belongs to the city or State departments of education. I should like to see a careful study made of the records of the persons who have gone through these clinics to see how many cases have subsequently required admission to a State hospital.

This Conference will recall that at the September Conference, our Committee on Preventive Work reported on this same matter and suggested such a survey.

I should like to ask Dr. Stevenson if his committee had at any time made a careful study of their records to ascertain as to whether or not State hospital treatment was required for any of the children who had been seen at any of the clinics.

Miss CRUTCHER: May I express my appreciation of Dr. Stevenson's very excellent paper.

I have certain rather definite ideas about the clinics. I feel we are doing a good job, but there are things which could be done to improve the work.

For one thing, I think it is very important for the community to assume more responsibility. We have clinics held regularly every month in certain of the towns, to which the local social workers bring their cases. With equanimity they ignore the recommendations which are given if much effort is involved in carrying them out. This is due, of course, to the large case loads and the pressure of work which the community social worker has. I wonder, however, if we could not impress upon the communities the importance of carrying out the recommendations made and the need for their assuring a greater responsibility in the community for the service

given by the State. It seems to me that community participation is most important in the carrying on of these clinics.

Another thing, I am tremendously interested in the psychiatric social worker. As you know, the clinics to which the State Department of Mental Hygiene is able to supply a psychiatric social worker, are few. If the full value of clinic service is to be realized, the important contribution of the psychiatric social worker must not be overlooked.

I think Dr. Stevenson has brought up some very important points to consider in evaluating the work we are doing in the child guidance clinics in New York.

Dr. TALLMAN: I should first like to comment on Dr. Garvin's remarks with reference to mental hygiene in education. In our clinic service at Rockland, we have found it necessary and desirable to focus on child guidance in schools. We have already established a number of clinics there. Perhaps part of the reason for this was to divorce child guidance from a mental hospital but it is now our belief that the community child guidance centers should be in the schools. Our experience would suggest that the way to make the Department of Education more conscious of child guidance is through the school clinics and the way to sell it to the school is by rendering an expanding service.

A diagnostic clinic in the school gives comparatively little assistance and consequently the school does not know what mental hygiene and child guidance really are so that our job lies in changing the attitude of the schools with reference to the human problem with which they are dealing. As you know, schools tend to put emphasis upon curricular material. They feel that their primary job is teaching pupils facts and most of them fail to see that their real work is to create a situation in which the child will fully develop and be capable of living "a full life." If you can get this latter notion into the schools, you have taken the first step in introducing real mental hygiene. Frequently the educators feel that psychiatrists know little about education (this is embarrassingly true) and, therefore, they resist direct advice.

We found at Rockland that the way to go about the matter was to begin our activities by providing a diagnostic and advisory clinic and then to expand our influence by setting up a conference system including all the teachers in the school. In that way we were able to present simplified material through the case study method in order to change the teacher's attitude towards the child. To be effective, true education must be child centered and we were able to get the teachers interested from that angle. With the conference system, it is not long before the teacher is having a real interest in each child in her class and thinks of the children first and the cur-

riculum last. Lately we have been surveying kindergarten classes so that the teachers would know what sort of human material they had to deal with. They had been interested in this and we have made them as much a part of the experiment as possible. In all these ways, the teachers become better oriented in the more forward-looking way that they should go.

At Rockland we feel that it is necessary to conduct a child guidance clinic and to do the necessary diagnostic work but that this is really the clinic's most minor function. Your clinic becomes important when you are able to assist the whole school setup in terms of methods, attitudes and approaches to the problem of human behavior. As Miss Crutcher has said we have to have more assistance for our clinics from the community itself. People will plan things quickly if they do not have too much work to do at first. It is possible to get organizations like the Y. M. C. A., Travelers' Aid, Scouts, et cetera, interested in our work and after we have won their interest, get them to help us with our program.

About training child guidance men, as Dr. Cohen has said, it is difficult in the State service to get men who have had adequate training. A great many of us benefited greatly from the courses given by the State Charities Aid Association, which are very valuable and should be continued indefinitely. The State gives postgraduate courses here at the Institute each year in which a certain amount of child guidance instruction is included. I do not think that it would be amiss to suggest that courses of a similar length be provided for those State psychiatrists who are interested in child guidance and mental hygiene. I am sure that the facilities of the Institute could take care of this. At Rockland, the children's group is really a vast laboratory of material for teaching and research. I believe that we could cooperate with the Institute in this project. In closing, I wish to thank Dr. Stevenson for his interesting and stimulating paper.

The CHAIRMAN: Is there other discussion from members of the Conference or visitors?

Dr. POLLOCK: I was much impressed by Dr. Stevenson's paper. I am glad that he mentioned that all social agencies have a part in the training of children.

Some facts have come to my attention this last year which indicate the imperative need for child guidance work. The State Department of Social Welfare reported this last year that during the recent depression some five million individuals in this State had been on relief. These persons constitute about forty per cent of our population. The State Department of Correction recently reported that during the year 1937 in this State, 1,024,000 persons had been arrested. Nine hundred thirty-six thousand of these were men. That indicates that about eighteen per cent of the adult males of the

State were arrested in that year. We also know very well that in any large group of children about five per cent will become mental patients. If you put these various facts together you can see that in training our children and regulating our social and economic life, we have failed miserably.

Most of us live in a favorable environment and we do not know what is going on in the community. I think we should have greater realization of the need of child guidance work and character training. We also need better schools and better community life.

The CHAIRMAN: Is there further discussion before I ask Dr. Stevenson to close?

Dr. STEVENSON: There are 74 clinics in New York City, but most of these are for special purposes and are not generally available for service. Those that are available have a long waiting list so that the city is not really as well supplied as it may seem.

I think it is necessary to get away from the idea that personnel can be trained for child guidance work by attending a few sessions in the clinic. This would be agreed to by those who have been well trained, those providing training, and by patients who have been treated by those who have not adequate experience. I think it is also necessary to come to a clearer understanding of the function of the psychologist in the clinic. It is far too limited to think of the psychologist as merely providing an I. Q. Throughout the country 60 to 65 per cent of the time of psychologists is given to testing, but other remedial work and community relationships, particularly with the schools, are an important part of his function. Even the function of testing generally involves facility with 30 to 35 different testing procedures.

It is true that the schools of social work are turning out an abundance of psychiatric social workers, but it has elsewhere in this program been pointed out that there is need for much more interest on the part of mental hospitals in this training in order that those who are graduated may have a better knowledge of the function of the psychiatric social worker in the mental hospital and the functions and traditions of the mental hospital itself. With that background, they will become much more valuable members of the hospital staff. I would make an appeal for the opening up to students of opportunities for training in mental hospitals, which means that the hospital needs to supply them with a high grade of social work supervision.

Dr. Garvin has emphasized a point that in importance, I believe, exceeds any other point that has been raised because it is fundamental to our whole democratic form of government. Our government should not be so bureaucratic that it cannot recognize the need for inter-departmental collaboration in the interests of the individual citizen who needs harmonized rather than

contradictory services. If this collaboration cannot be accomplished, there are good reasons why people may become unsympathetic with their form of government. I believe that New York is in a position to provide leadership in this respect. There is hardly a state in which it is not a serious problem. It was certainly a step in the right direction when several years ago the Department of Health and the Department of Mental Hygiene collaborated in the training of nurses. It has been brought out that one county is at present planning to provide itself with service independently of the State. Here a word of caution is necessary, although I believe that such provision carefully safeguarded is a necessary part of the total solution of well-distributed service. County polities are much less subject to control by higher motives than are those of a large state and debasing of a program therefore needs to be carefully guarded against. At the same time a county program belongs to the locality, has a greater field for it, is consequently more effective. It occasionally happens that an ambitious person not technically well-qualified may stir up interest in a county program in order to make a job for himself. This may be prevented by securing at the earliest possible moment the acceptance of minimum standards of personnel. If the local development is valid, it will continue on this foundation. If not, it will tend to disappear, but the community will be better off than when proceeding on an inadequate basis. I am not disturbed by the fact that interest in a community may appear to die out. Usually it has just gone to sleep and experience proves that again and again it will wake up and nod again until the conditions are right for its remaining active.

The evaluation of what we are doing in clinics is most important not only to justify the expenditure, but to test different diagnostic and therapeutic methods. However, for such purposes past records are of little value since they do not contain the material necessary to arrive at a conclusion. They may be useful in a preliminary test of a method, but for the completion of a study the records must be written up with the objectives of the study definitely in mind. Otherwise we ask ourselves questions, look in the records, and do not find the answers there. An evaluation based on remote outcomes is not safe because there are so many fortuitous circumstances that may either counteract a good clinic effort or reverse a clinic failure.

In carrying out studies on the behavior of children, we have to constantly be careful that we do not follow a blind mechanical procedure. The controlling of a study is extremely difficult in this field because we are not able to follow the procedure of examining a large group of cases, dividing them into comparable groups, treating one group and not the other, and arriving at conclusions from this process. The really crucial knowledge of patients comes to us only after we begin to treat them. Merely the super-

ficial phases tend to come out in initial interviews. Thus, we do not seem to be able to examine but not treat. This is unfortunate for certain concepts of what research should be, but it is a reality that has to be accepted.

The CHAIRMAN: Dr. Stevenson, I think I express the feeling of the Conference when I thank you very much for coming here and giving us this very stimulating talk. It did us a lot of good.

We will now proceed with the rest of the program and take up the reports of the committees. The first report is that of the Committee on Construction, of which Dr. Garvin is chairman.

Dr. Garvin reads report.

REPORT OF COMMITTEE ON CONSTRUCTION

The Committee on Construction held meetings at the Albany office of the Commissioner of Architecture on Thursday evening, October 20, and Friday, October 21, 1938.

Drs. R. G. Wearne, Harry A. Storrs and Charles E. Rowe of the State schools, were invited to be present and gave valuable advice and assistance with respect to the plans and specifications for the new 4,000-bed State school at Willowbrook, Staten Island.

The chairman of the Committee on Construction presented a report in regard to the size of beds now in use in the various State hospitals and State schools. This information was carefully reviewed and the following standards for beds in the State hospitals and State schools were approved by the committee:

DIMENSIONS OF BEDS

State hospital patients' beds:

	Width, inches	Length, inches
Reception	34	82
Hospital	34	82
Able-bodied	30	82
Infirm	34	82
Disturbed	30	82
Tuberculous	34	82

State school patients' beds:

Patients	30	78
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Employees' beds:

Employees	36	82
Employees in hospitals	34	82

The length noted above shows the overall dimensions of the bed. The beds should be 20½ inches high, except hospital beds, which shall be 27 inches high. Beds are to be furnished with noncorrosive link springs with side lugs to be available when needed.

The Division of Architecture presented a survey, showing amount of soiled laundry laundered in the State hospitals each week.

The committee reviewed the plans for buildings for the new State school at Willowbrook, Staten Island, as follows: Reception and infirm building, employees' and patients' dining rooms and kitchen buildings, nurses' and employees' accommodations and superintendent's residence, single family staff houses and group of seven staff house units. A number of changes in the different units were recommended by the committee and recorded by the Commissioner of Architecture.

The committee also reviewed plans for the new 1,500-bed building for male and female disturbed patients at the Pilgrim State Hospital and plans for the 1,100-bed patients' infirmary building for Kings Park State Hospital. A few minor changes in the plans were suggested by the committee.

The committee met again at the New York office of the Commissioner of Architecture, December 16, 1938, and discussed the more advanced plans for the new Willowbrook State School, and also other matters in connection with the development of this unit.

W.M. C. GARVIN, *Chairman,*
Committee on Construction.

The CHAIRMAN: What is the pleasure of the Conference regarding the report of the Committee on Construction?

Motion made, seconded and carried that the report of the Committee on Construction be accepted.

Next is the report of the Committee on Nursing, of which Dr. Taddiken is chairman.

REPORT OF THE COMMITTEE ON NURSING

At the Quarterly Conference on December 18, 1937, the recommendation of the Committee on Nursing that the final examination of the schools of nursing be abolished was approved. The responsibility for graduation now rests with the superintendent of the hospital and the principal of the school of nursing.

The following table shows the number graduated by each hospital in 1938:

	Registered nurse group		
	Total	Men	Women
Binghamton	6	..	6
Brooklyn	11	1	10
Buffalo	8	3	5
Central Islip	16	2	14
Craig Colony	9	4	5

	Total	Men	Registered nurse group Women
Creedmoor .....	..	..	..
Gowanda	6	3	3
Harlem Valley	4	3	1
Hudson River	13	6	7
Kings Park	16	6	10
Manhattan	18	7	11
Middletown	14	2	12
Rochester	8	3	5
Rockland	10	6	4
St. Lawrence	21	4	17
Utica	7	..	7
Willard	5	..	5
Total	172	50	122

Of this number 8 women, for various reasons, have not completed their three full years of service and will not receive their diplomas until such time as they do.

On September 7, 1938, 359 students, all in the registered nurse group, were admitted to the State hospitals and Craig Colony schools of nursing.

The following table shows the number admitted to each school:

	Total	Men	Women
Binghamton	17	4	13
Brooklyn	36	16	20
Buffalo	13	6	7
Central Islip	32	14	18
Craig Colony	17	6	11
Creedmoor	12	4	8
Gowanda	11	5	6
Harlem Valley	13	6	7
Hudson River	26	9	17
Kings Park	18	6	12
Manhattan	25	8	17
Middletown	21	6	15
Rochester	16	5	11
Rockland	36	17	19
St. Lawrence	38	8	30
Utica	14	..	14
Willard	14	4	10
Total	359	124	235

The committee also submits a table showing students in the State hospitals and Craig Colony schools of nursing as of October 1, 1938:

	Total			Juniors			Intermediates			Seniors		
	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.
Binghamton	6	26	32	4	13	17	2	3	5	..	10	10
Brooklyn	24	43	67	15	19	34	5	14	19	4	10	14
Buffalo	9	20	29	6	7	13	1	8	9	2	5	7
Central Islip	26	49	75	13	18	31	7	18	25	6	13	19
Craig Colony	15	27	42	6	11	17	6	9	15	3	7	10
Creedmoor	5	13	18	4	8	12	1	5	6	..	..	..
Gowanda	18	20	38	5	6	11	6	10	16	7	4	11
Harlem Valley	10	17	27	6	7	13	1	5	6	3	5	8
Hudson River	23	43	66	9	17	26	5	18	23	9	8	17
Kings Park	14	34	48	6	12	18	3	14	17	5	8	13
Manhattan	20	48	68	6	17	23	7	19	26	7	12	19
Middletown	15	39	54	6	15	21	5	12	17	4	12	16
Rochester	12	31	43	5	11	16	2	13	15	5	7	12
Rockland	42	31	73	17	19	36	9	6	15	16	6	22
St. Lawrence	16	83	99	8	29	37	3	30	33	5	24	29
Utica .....	..	25	25	..	14	14	..	5	5	..	6	6
Willard	9	21	30	4	10	14	3	8	11	2	3	5
Total	264	570	834	120	233	353	66	197	263	78	140	218

From date of admission, September 7, to October 1, 4 men and 2 women, a total of 6, have resigned from the junior class.

The committee held a meeting on September 16, 1938, which was attended by Miss Stella M. Hawkins, R. N., secretary, State Board of Examiners of Nurses, and Miss Harriet Bailey, R. N., formerly inspector, both of whom have for many years been interested in the establishment, development and progress of our schools of nursing.

Miss Bailey presented a "General Summary of Surveys of Schools of Nursing in the State 1937-38," which was based on her recent inspection of our schools of nursing. This summary, with the approval of William J. Tiffany, M. D., Commissioner, and Richard H. Hutchings, M. D., editor of the PSYCHIATRIC QUARTERLY SUPPLEMENT, is printed in full in this issue, on page 39.

The committee is deeply appreciative of Miss Bailey's comprehensive and interesting paper and grateful for her constructive criticisms and suggestions. The committee trusts that the summary will receive a careful reading by the superintendents of the hospitals and the principals of the schools of nursing, and that its suggestions will be given a fair and thorough consideration.

P. G. TADDIKEN, *Chairman.*

The CHAIRMAN: You have heard the report of the Committee on Nursing. What is your pleasure?

Motion made, seconded and carried to accept the report of the Committee on Nursing.

Next on the program is the report of the Committee on Statistics and Forms. Is there any member of the committee here who has a report to make? I believe the Conference knows the reason for Dr. Hutchings' absence, which I am sure we very much regret.

Are there other committees to report?

Dr. Garvin read report of the Committee on Uniforms.

REPORT OF COMMITTEE ON UNIFORMS

1. *Pupil nurse—female:* To wear white shoes and stockings instead of black shoes and stockings.
2. *Graduate nurse—female:* To wear short sleeves for summer wear, or short sleeves optional for summer or winter.
3. *Attendants—female:* To wear white shoes and stockings instead of black shoes and stockings.
4. *Pupil nurse—male:* All pupil nurses to wear surgical shirts.
5. *Graduate nurse—male:* To wear surgical shirts with white uniforms. Black bow tie with white shirts to be worn with blue uniforms.
6. *Waitresses, chambermaids and sewing room workers:* To wear short sleeves instead of long sleeves. To wear white shoes and stockings in place of black shoes and stockings.
7. *Laundry workers:* To wear white Hoover aprons, with short sleeves, instead of attendants' uniform, and black shoes and stockings. (Optional with each hospital.)
8. *Housekeepers:* To wear royal blue poplin, semi-fitted uniforms, short sleeves, loose belt, straight white collar and cuffs attached, white shoes and stockings.
9. *Dining room and cafeteria workers:* To wear green linene uniform with white collar and cuffs attached, buttoned-down front, white shoes and stockings. (Optional with each hospital.)
10. *Occupational therapists—female:* Gray poplin, same style as at present, short sleeves, elbow length, optional for summer wear. Pockets with expansion pleats, one on right side of skirt and handkerchief pocket on left side of blouse. Buttoned-down front. White or gray stockings to be worn with white shoes. Gay colored smock to be worn when indicated.

Cape to be of a shade matching uniform with cardinal lining, chevrons to designate year of graduation on left sleeve, two inches above cuff, to match lining of cape.

Occupational therapy employees—male, including physical instructor: White gymnasium shirt to be worn while engaged in actual exercise with patients, but not otherwise. Gray sweater to be worn when needed. Standard uniform to be worn at all hospital functions.

Female physical instructor: Circular shirt may be worn instead of present pleated skirt (optional with each hospital).

WILLIAM C. GARVIN, *Chairman.*

The CHAIRMAN: What is the pleasure of the Conference in regard to this report?

Dr. GRAY: I move the adoption of this report since it is based on the majority of opinions of the several institutions. I think what the doctor means is that this notice has gone out to the various institutions to see whether or not they would like to accept certain changes in the uniforms. The majority of the institutions accepted these changes.

The CHAIRMAN: Dr. Gray has made a motion. Is there any discussion?

Motion made, seconded and carried to accept the report of the Committee on Uniforms.

Are there other committees to make reports? If not, is there any business which any member of the Conference wishes to have brought up at this time? Is there any unfinished business?

As the hour for luncheon has arrived, I would like to ask Dr. Lewis where the Association of Board Members may have its meeting. I would also like to request the superintendents of the various institutions to meet me for a short time after luncheon, perhaps at 2 o'clock, for an informal discussion.

Dr. LEWIS: If the board members do not exceed 20 they could meet very well in conference room 14. I think the place they used before was the lecture room on the main floor. They may have that same room today.

The CHAIRMAN: If there is no further business to come before the Conference, a motion to adjourn is in order.

Motion made, seconded and carried.

Adjourned.

C O P Y

August 22, 1938.

Dr. William J. Tiffany
Commissioner
Department of Mental Hygiene
Albany, New York
Dear Doctor Tiffany:

Supplementing our conversation relative to the meritorious conduct of Robert Birehall, a medical student working at the Harlem Valley State Hospital during the summer, and Walter Arvisais, in the rescue of patient, Severio Ciampi, who attempted suicide by jumping into the swamp river on August 14. The patient attempted to commit suicide by jumping from the bridge into the river while out walking with his relatives. Mr. Arvisais heard the screaming and rushed from the power house, where he is employed, saw the patient in the water and jumped in, in an attempt to rescue him. The patient gave him some difficulty and he was rapidly becoming fatigued. Robert Birehall was not on duty but was driving by and saw the trouble. He immediately jumped into the river and relieved Arvisais of the patient and brought patient to shore. He then went back and brought Arvisais, who had gone under, to shore.

I feel that both Birehall and Arvisais should be commended for the display of bravery in the rescue of this patient.

Very truly yours,
John R. Ross, M. D.
Superintendent

jrr-m

C O P Y

August 24, 1938.

In re: Severio Ciampi
Mr. Walter Arvisais
Harlem Valley State Hospital
Wingdale, N. Y.
Dear Mr. Arvisais:

During a recent official visit to the Harlem Valley State Hospital I was informed by Superintendent Ross of your action, at great personal risk, in preventing the suicide of the above named patient.

It is a great pleasure to offer my commendations and congratulations and to express my good wishes for your future success.

Very truly yours
Wm. J. Tiffany, M. D.
Commissioner

WJT/R

C O P Y

August 24, 1938.

Mr. Robert Birchall
Harlem Valley State Hospital
Wingdale, N. Y.

In re: Severio Ciampi

Dear Mr. Birchall:

While I was at the Harlem Valley State Hospital recently on official business Superintendent Ross told me of your good work in assisting in the rescue of the above named patient from his suicidal attempt, and also in helping employee Walter Arvisais, who was being overcome in his efforts to save the patient from his rash act.

It is a great pleasure to me to offer you congratulations on your good work, and my commendations for your presence of mind which resulted in the saving of one, if not both, lives. May I offer you my good wishes for your success in the medical field, which I am told is to be your life work.

Very truly yours

Wm. J. Tiffany, M. D.
Commissioner

WJT/R

NEWS OF THE STATE INSTITUTIONS FOR THE HALF-YEAR PERIOD FROM JULY 1, TO DECEMBER 31, 1938

NEW INSTITUTION FEATURES, ADMINISTRATION, CONSTRUCTION, IMPROVEMENTS, OCCUPANCY OF NEW BUILDINGS, ETC.

STATE HOSPITALS

BINGHAMTON

A new X-ray machine has been purchased and placed in operation. This is a General Electric shockproof machine, provided with fluoroscope, built-in Bucky diaphragm, and stereoscopic stand with cassette changer and automatic control. The transformer will provide an X-ray capacity of 500 milliamperes. A new transformer has been installed in connection with the new X-ray machine.

The power plant has acquired a new 24,00, 3-phase, 60-cycle generator, with a capacity of 625 K. V. A. and operated by a steam turbine directly connected to the generator.

The diet kitchen on ward 25, main building, has been enlarged, new linoleum laid on the floor and a new sink, dish cupboard and work table installed.

BROOKLYN

The additional wings to building 10, which consist of five wards each, were completed and ready for occupancy on July 1, on which date the first ward was opened. Additional wards were opened as patients were received and at the present time all the wards are filled.

Work was begun in August on four additional stories to each of the wings of building 10. Installation of kitchen equipment in the lower five stories to these wings is 85 per cent complete.

The electric elevators in the bakery and shop building are half completed. During the last week of November the contractors began the installation of ovens in the new bakery building. All of the equipment for this building has been delivered and it is expected that the bakery will be ready to operate about March 1.

The WPA project has continued active during the last six months of the year, furnishing work to more than five hundred men.

The steel fence, gates and ornamental lights on the Albany and Clarkson avenues sides of the property have been completed. The grounds lighting system has been completed in its entirety. The additional story to the west wing of the laundry was completed; the additional story to the east wing is 97 per cent complete. A sizable addition to the propagating house

has been completed and occupied. The construction of a staff kitchen over the existing kitchen on the north side of Hugo Hirsh Building is approximately 95 per cent complete. During September the roof of the shop building was removed, the structural steel taken out and replaced by new and heavier steel which will support the third floor of the building. The third story is enclosed, the roof slab completed, and it is expected the upper two floors of the building will be ready for occupancy within the next month. The 25-foot extension to the north side of the vegetable preparation building has been completed and is now occupied.

BUFFALO

A new 400-k. w. generator and engine were installed.

An 80-foot addition to the greenhouse was constructed.

New fire escapes and verandas were erected on wards 32 and 33.

Federal approval of the following WPA projects has been received: Re-pointing stone work, main building, \$63,695; construction of storm water drains, water lines and sanitary laterals, \$289,816.70.

CENTRAL ISLIP

Construction work on buildings 75, 76 and 78 in the new tuberculosis group was advanced to 96 per cent of completion.

A WPA project calling for rewiring and installation of new lighting fixtures throughout group G was completed in October.

A sprinkler system for fire protection was installed in the attics and basements of group I and on all floors in the storehouse.

A contract calling for refrigeration equipment in the kitchen building of the new tuberculosis group was completed in December.

A WPA project was undertaken in November calling for interior and exterior renovations, including roofs, to buildings in groups D, E, F, G, H, I, K and M.

CREEDMOOR

All of the first contracts on reception building are complete. Two contracts for the fourth story over the wings as of December 31 are reported advanced as follows: construction 50 per cent, heating 65 per cent, sanitation 40 per cent, and electrical 20 per cent.

Under WPA approximately one thousand feet of concrete service tunnel has been completed in 1938. Of the 3,976 feet of Johns-Mansville conduit for steam and hot water lines at Creedmoor, 3,026 feet have now been replaced with walking tunnel.

Other jobs on which WPA labor was employed during the past six months were the concrete stadium, which is approaching completion; the renewal of underground steam and hot water lines; the replacement of galvanized water lines with brass in the basements of eight buildings; continuance of grading, landscaping, cement roads with parking spaces, sidewalks and curbing; dry wells in connection with roads and buildings; renewal of sewer lines from patient building P; interior and exterior painting and a play area for patients and employees with tennis courts, handball, basketball, etc.

GOWANDA

The new sewage disposal plant was placed in operation October 11 and was inspected by Messrs. Henry J. Ryon and Michael D. McDonald of the Department of Public Works, on October 15.

New sound motion picture equipment was installed during the month of July.

HUDSON RIVER

A project for changing from indirect to direct heating was completed in the basement and first floor of the administration building to the extent of the funds allowed.

A new incinerator, garbage type, Morse-Boulger, was installed and is in operation at Lakeview (tuberculous) building.

A congregate dining room for the employees of the south wing service of the main building, cafeteria style, has been completed and is in operation. This eliminates the employees of this service eating in six different patient dining rooms.

Approximately a quarter of a mile of hard surface road was completed making available another entrance to the hospital grounds.

A new Curtis-Marble hairpicker was installed in the mattress shop.

A new steam Pantex general apparel press was installed in the tailor shop.

The walls on boilers Nos. 3 and 4 in the power plant were renewed. A special allotment for this purpose was made.

KINGS PARK

The old upper reservoir has been torn down and leveled with the highway. This site is now being made over into a park, with appropriate landscaping.

WPA projects are under way at the hospital making many improvements in our roads, putting in concrete gutters, curbs and macadam shoulders.

Cottages 29, 30, 31, the old male cottage dining room and the greenhouse, which now stand on the site where the new 11-story building is to be erected are in the process of being razed. All usable materials will be utilized in general hospital maintenance and repair work.

MARCY

A special fund of \$11,500 was appropriated for a new horse barn. This is now completed.

The contract for the enlargement of the sewage disposal plant and for the construction of a line between the system of the Consolidated Water Supply of Utica and the hospital water system is now completed.

The center partitions separating two dining rooms of the west group which have been used as a male occupational therapy center have been removed. A large room is now available and several rooms have been constructed on either side of this one with an upper partition of glass. These rooms are being used for various occupational industries such as printing, clock repairing and painting.

Cement curbs have been laid at the rear of the administration building enclosing a lawn area immediately to the rear. This area has been graded and seeded.

The contract awarded to the Building Chemical Company, of New York, in the amount of \$4,160 for waterproofing F and G and west group kitchen is now completed.

MIDDLETOWN

Tile flooring has been installed, replacing wooden flooring, in west group dining rooms.

The WPA has laid new concrete floors and drains in the basement of pavilions I and II and the annexes.

A new section of concrete road has been built on Dillon Drive. This completes an improved road program extending over several years.

PILGRIM

Grading and the construction of walks under the WPA has continued during the past six months.

An auxiliary power line from the power house to the wells has been installed.

ROCHESTER

The widening and resurfacing of both Elmwood Avenue and South Avenue, adjacent to the hospital property, were completed about November 1.

Late in the summer we started an extension of our coal pile platform.

This platform was made necessary by the fact that our coal is trucked from the railroad to the hospital and dumped near the coal conveyor which means that oftentimes, in the spring of the year particularly, it was difficult to get coal to the conveyor. The power house is located in low, wet, soggy ground. As soon as weather conditions permit this project will be completed.

It has been found that the assignments of wards for men and women had to be changed to meet the situation which had arisen due to the fact that there are so many feeble and infirm women patients at the hospital. To relieve this situation one of the men's wards in the Howard group was abandoned by transferring the patients elsewhere in the institution and was occupied as a women's ward making it possible by two or three moves to provide the facilities required.

ROCKLAND

The contract for the construction of the buildings for disturbed patients, two staff houses and remodeling of the third floor of building 9 for married couples, has been completed. The two individual staff houses and the new apartments for married couples in building 9 have been furnished and are now occupied.

The equipment for the serving rooms of the kitchens and dining rooms in the new building for disturbed patients is expected to be installed within the next two months.

The concrete foundation for the iron fence along the Orangeburg road has been completed and the fence erected. The service and patients' buildings are now completely fenced in.

The new diet kitchen in the basement of the medical-surgical building is nearly completed and should soon be ready for service.

UTICA

Contracts for resetting and repairing boilers Nos. 1 and 2 at the power plant have been completed under an appropriation of \$23,000, made by Part 1, Chapter 20, Laws of 1938, and the boilers put in service.

A new concrete road from the main building to the new assembly hall and staff house has been completed under a contract at a cost of \$6,569.80. Cement walks have been laid about the amusement hall and the grounds graded and landscaped by hospital employees.

An electric refrigerator has been installed in the kitchen of the staff house.

An average of 20 men were furnished under a WPA project during the summer months. With these mechanics the roofs of Dunham Hall, Fairfield, and the Waleott building were repaired.

A modern electric church organ, an Orgatron, was purchased for use in the new assembly hall, and has been in service.

SYRACUSE PSYCHOPATHIC HOSPITAL

All single rooms on the two wards for disturbed patients and the lecture room have been treated with Celotex sound proofing.

STATE INSTITUTIONS

LETCHEWORTH VILLAGE

The construction of the buildings at the filtration plant at the reservoir and the outside work on the pipe line has been virtually completed. This winter the treatment and filtration equipment will be installed.

Three WPA projects have been in progress—the painting of several buildings, an addition to the shop building, and the replacing of pipe and covering in the tunnels.

Contracts have been let for the additions to the hospital building, covering construction, heating, sanitary work, and the electric work.

Groups of boys have graded and constructed a road about one of the staff houses and have also built a road for vehicles across a neighboring mountain, which heretofore had been accessible only by foot.

As the institution has become dangerously over crowded and only the most urgent cases can be accepted, Dr. Edward J. Humphreys, representing Letchworth Village, spends one day a week at Bellevue Hospital, New York City, cooperating with the staff there, in an endeavor to effect a classification of applications for admission in order that the most necessary cases may be given preference.

NEWARK

About ten thousand gallons of fruits and vegetables, mostly vegetables, were canned in the canning plant.

A 10-car garage for employees' use, for which the foundation was laid a couple of years ago, has been completed.

The propagating house has been completed and is now occupied.

Additional equipment, costing approximately \$2,800 has been approved and ordered for the laundry.

This platform was made necessary by the fact that our coal is trucked from the railroad to the hospital and dumped near the coal conveyor which means that oftentimes, in the spring of the year particularly, it was difficult to get coal to the conveyor. The power house is located in low, wet, soggy ground. As soon as weather conditions permit this project will be completed.

It has been found that the assignments of wards for men and women had to be changed to meet the situation which had arisen due to the fact that there are so many feeble and infirm women patients at the hospital. To relieve this situation one of the men's wards in the Howard group was abandoned by transferring the patients elsewhere in the institution and was occupied as a women's ward making it possible by two or three moves to provide the facilities required.

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The new diet kitchen in the basement of the medical-surgical building is nearly completed and should soon be ready for service.

UTICA

Contracts for resetting and repairing boilers Nos. 1 and 2 at the power plant have been completed under an appropriation of \$23,000, made by Part 1, Chapter 20, Laws of 1938, and the boilers put in service.

A new concrete road from the main building to the new assembly hall and staff house has been completed under a contract at a cost of \$6,569.80. Cement walks have been laid about the amusement hall and the grounds graded and landscaped by hospital employees.

An electric refrigerator has been installed in the kitchen of the staff house.

An average of 20 men were furnished under a WPA project during the summer months. With these mechanics the roofs of Dunham Hall, Fairfield, and the Waleott building were repaired.

A modern electric church organ, an Orgatron, was purchased for use in the new assembly hall, and has been in service.

SYRACUSE PSYCHOPATHIC HOSPITAL

All single rooms on the two wards for disturbed patients and the lecture room have been treated with Celotex sound proofing.

STATE INSTITUTIONS

LETCHWORTH VILLAGE

The construction of the buildings at the filtration plant at the reservoir and the outside work on the pipe line has been virtually completed. This winter the treatment and filtration equipment will be installed.

Three WPA projects have been in progress—the painting of several buildings, an addition to the shop building, and the replacing of pipe and covering in the tunnels.

Contracts have been let for the additions to the hospital building, covering construction, heating, sanitary work, and the electric work.

Groups of boys have graded and constructed a road about one of the staff houses and have also built a road for vehicles across a neighboring mountain, which heretofore had been accessible only by foot.

As the institution has become dangerously over crowded and only the most urgent cases can be accepted, Dr. Edward J. Humphreys, representing Letchworth Village, spends one day a week at Bellevue Hospital, New York City, cooperating with the staff there, in an endeavor to effect a classification of applications for admission in order that the most necessary cases may be given preference.

NEWARK

About ten thousand gallons of fruits and vegetables, mostly vegetables, were canned in the canning plant.

A 10-car garage for employees' use, for which the foundation was laid a couple of years ago, has been completed.

The propagating house has been completed and is now occupied.

Additional equipment, costing approximately \$2,800 has been approved and ordered for the laundry.

SYRACUSE STATE SCHOOL.

A new galvanized steamer was built in connection with our automatic capper in our canning plant.

The new combination tool shed, work shop and garage has been completed at the Edwards colony.

In order to prevent theft of our poultry, new flood lights were installed on the grounds of our poultry plant at Belle Isle colony.

Concrete shuffleboard and court for jacks were constructed at the girls' playground.

WASSAIC

Foundations are being laid for a new wagon shed to be built by institution employees.

NOTEWORTHY OCCURRENCES**STATE HOSPITALS****BINGHAMTON**

At about 8:30, the evening of October 29, fire was discovered in Orchard House barn near the place where the electric wires enter the building. The hospital fire department, as well as fire departments from Binghamton and Kirkwood, responded; the fire, however, continued to spread and the barn was burned to the ground. Fifty-eight head of cattle housed in the barn were immediately evacuated, but hay and feed stored in the barn was destroyed. Evidently the fire was caused by defective wiring. The damage amounted to about \$16,500.

Dr. W. H. Shelton of Harvard University, and Dr. C. W. DePartius of the Presbyterian Hospital, New York City, visited the hospital, August 2-3 in order to photograph, in three dimensions, male dementia praecox patients under the age of 31 and manie-depressive male patients under the age of 35.

On August 15, the Broome County Embalmers Association met at the hospital laboratory where Dr. S. O. Fraser of Dodge Chemical Co., Boston, Mass., gave a demonstration of the use of cosmetics and the restoration of hair on the cadaver. Twenty-seven members and guests of the association were present.

Dr. Wm. A. Bryan, superintendent of Worcester State Hospital, Worcester, Mass., visited the hospital in October and while here addressed members of the medical and nursing staff on the subject of boarding out patients, in which the Worcester State Hospital is a pioneer in the United States.

The annual sale of articles fabricated by the various occupational therapy centers was held December 1-2.

There were 66 patients in boarding homes as of December 31.

Miss HuKate Thackston, acting principal of the school of nursing, resigned September 4.

Mrs. Helen T. Cannon, assistant principal of the school of nursing of the Gowanda State Hospital, was appointed principal of this school, October 24.

Mr. George O. Hickey, charge attendant, retired on pension, October 1, on account of physical disability, after 22 years of service.

Miss Susan E. Hoffman, stenographer, retired on pension, October 31, after 26 years service.

BROOKLYN

On September 21, Mr. J. Buckley Bryan, representing the division of the budget, visited the hospital with the local WPA officials and conferred with the superintendent and the steward relative to the items requested in the WPA application for work at this institution during the coming year.

On October 1 graduating exercises of the school of nursing were held in the assembly hall. Hon. Edwin Thatcher, former member of the Board of Visitors, delivered the address. The graduating class was made up of 2 men and 9 women, a total of 11.

On July 1 all of the kitchen and domestic help at the hospital were put on an eight-hour day.

On September 13 the certified capacity of the hospital was increased from 1,703 to 2,203.

On October 19 the annual institute of the fourteenth district branch of the New York State Nurses' Association was held here. Both the afternoon and evening sessions were well attended.

Miss Mildred H. Lockwood, chief social worker, attended the conference of social workers held at Syracuse in October.

On December 5 the quarterly meeting of the Psychiatrical Society of the Metropolitan State Hospitals was held here at which papers were read by Dr. Irving M. Derby, pathologist, and Dr. Morris D. Riemer, senior assistant physician, of this hospital.

On December 14, Dr. Wm. Rush Dunton, Jr., of Harlem Lodge, Catonsville, Md., and Dr. Jesse C. Coggins of Laurel Sanitarium, Laurel, Md., visited the hospital for the purpose of observing the patients under treatment with insulin, and studying our statistics.

The annual Christmas entertainment was held on December 22. The program consisted of a three-act play presented under the auspices of the occupational therapy department. The assembly hall was well filled with patients, all of whom appeared to enjoy the entertainment.

BUFFALO

Dr. Julius F. Wenn, medical director, St. Mary's Hill Sanitarium, Chicago, visited the hospital, July 14.

Dr. Hauck, superintendent of the Eastern State Hospital, Knoxville, Tenn., visited the hospital, August 8.

On August 9, Dr. Shelden and Dr. Dupertius, working through the Psychiatric Institute and Hospital, New York City, visited the hospital and made measurements on certain dementia praecox and manie-depressive patients.

Members of the occupational therapy department attended meetings of the Western New York Occupational Therapy Association at the Veterans' Facility, Bath, on August 11, and at Craig Colony, Sonyea, November 19.

The occupational therapy department conducted its exhibition and sale at the Erie County fair, Hamburg, from August 22-27.

Mrs. Theresa E. Pratt, chief occupational therapist, attended, as a delegate, the annual convention of the American Occupational Therapy Association in Chicago from September 11-15.

Dr. Leonard C. Lang, assistant physician, attended the course in neurology and psychiatry at the Psychiatric Institute and Hospital, New York City, from October 3 to December 9.

Miss Iona B. Riedel, principal, school of nursing, attended a meeting of the New York State League of Nursing Education in Albany on October 6 and 7.

At the regular monthly meeting of the Board of Visitors in October, Mr. Edward G. Zeller and Mrs. John R. Hazel were reelected president and secretary, respectively.

Miss Ruth Wilcox, visitor of the State Charities Aid Association, visited and inspected the hospital on October 10.

Mr. Collins of the division of the budget, visited the hospital on October 22, to discuss WPA projects requested.

On October 23, the hospital joined with the Buffalo General Hospital, the Millard Fillmore Hospital and the Children's Hospital in graduating exercises for nurses at the Consistory Auditorium. Three men and five women were in the graduating class. This is the first year that community graduating exercises have been held in this city.

On October 13, a patient on ward 20 developed typhoid fever from which she died on November 7. An investigation of the source of infection revealed the presence of two typhoid carriers on the ward.

On October 31, Horace Gosney, clothing clerk, retired after 28 years of service.

On November 11, Mr. Frank J. Schmidt, who had been a member of the Board of Visitors since April, 1931, died after an illness of some months.

On November 16, Mr. George C. Aronstamm, investigator for the U. S. Bureau of Narcotic Control, visited the hospital regarding the method employed in the use and control of narcotics.

CENTRAL ISLIP

On August 12, Commissioner Tiffany, accompanied by Mr. C. B. Dix, supervising power plant engineer, visited the hospital.

The patients' baseball team of this hospital won the championship of the Patients' Baseball League and with it the Jerry Vogel Cup. The league consists of patients' teams from the Creedmoor, Kings Park and Central Islip State hospitals and the Veterans' Administration Facility at Northport, L. I.

The American Foundation for the Blind sent pipes to the hospital for the blind patients.

Dr. Ferdinand Pitrelli, senior assistant physician, on October 3, commenced a postgraduate course in neurology and psychiatry at the Psychiatric Institute and Hospital, New York City. This course was completed early in December.

The Bayshore Post and its auxiliary of the American Legion gave a number of our patients a theater party at the Bayshore Theater, October 6. After the theater, the patients were taken to the club house of the American Legion where they were served cake, candy, ice cream and cigarettes.

On July 5, Miss Marie Bell and Miss Dolores I. Edell were appointed assistant social workers and on September 15, Miss Anne Marie Lee was appointed assistant social worker.

Dr. Olaf VanBomel, dental interne, resigned October 5.

The following employees retired from the service of the hospital during the past six-month period:

Margaret Julian, assistant cook, July 31.

Alexander Bremner, plumber and steamfitter, September 30.

Louise Lewis, stenographer, September 30.

William Steele, nurse, September 30.

Catherine Blake, charge attendant, October 5.

David Stalker, special attendant, October 31.

Alfred McInerney, plumber and steamfitter, October 31.

Stella Carolan, housekeeper, December 31.

Marie Pahrisch, head laundress, December 31.

Five employees died during the same period:

Herman W. Kaiser, attendant, July 28.

Janet McCullough, charge nurse, September 4.

John O'Halloran, charge attendant, September 13.

John J. Kelly, attendant, November 19.

Patrick Leach, attendant, December 4.

CREEDMOOR

In July, Dr. W. H. Sheldon of Harvard University, visited relative to a study in anthropology. Dr. Edwin J. Ryan of the Provincial Mental Hospital, Essondale, British Columbia, Canada, visited us September 17 and September 22.

In September we were informed by the State Department of Education that our nurse training school had been given tentative registration dated from September 21, 1937.

Our field day for patients was held September 29.

Because of increased number of patients on parole, a new clinic hour was established at the hospital Wednesday afternoons beginning September 21.

Three employees and two patients developed diphtheria in October. The first case occurred on the twenty-first and the last one on the twenty-ninth. The employees were cared for in the Queensborough Hospital for Contagious Diseases.

The Quarterly Conference of the department was held at the hospital on September 17.

During the week before Christmas, special parties were held for the members of the various occupational therapy classes; a vaudeville entertainment was given the afternoon and evening of December 23; Christmas carols were sung by a group of some fifty patients who went from ward to ward, and a donated fund enabled us to purchase small gifts for all friendless patients. A Hammond electric organ was purchased late in December and we were fortunate in being able to use it for the first time for church services on Sunday, December 25.

Peter W. Henderson, D. D. S., provisional senior dentist, was appointed senior dentists, August 1.

Joseph N. Kerrigan, D. D. S., was appointed dental interne, October 4.

James P. Spelman, D. D. S., dental interne, resigned September 15.

Frank Rohloff, attendant, retired as of July 31 and George W. Seism, steward, as of December 31.

Joseph Cole, gardner, and his wife Ellen, tailoress, were fatally injured in an automobile collision while coming to work the morning of July 21.

Philip G. Nicholson, painter, died August 8.

GOWANDA

The Western New York Hospital Council held its summer meeting at the hospital, July 21.

We regret to report the death on July 30, of Mr. Frank L. Morris, a member of our Board of Visitors and former superintendent of the Division of Standards and Purchase.

The Association of Funeral Directors of Cattaraugus and Chautauqua counties met at the hospital with members of the medical staff on August 1, at which time mutual problems were discussed, followed by luncheon and golf.

Dr. O. S. Hauck, superintendent of Eastern State Hospital, Knoxville, Tenn., visited on August 10.

The entire personnel of the occupational therapy department attended the meeting of the Western New York Occupational Therapy Association, held at the Veterans' Administration Facility at Bath, on August 11.

A total of 108 patients attended the Erie County fair in September.

Miss Florence M. Northrup, chief occupational therapist, attended the meeting of the American Occupational Therapy Association in Chicago, September 12 to 14.

Miss Dorothy A. Reed, principal of the school of nursing, attended the annual meeting of the New York State League of Nursing Education in Albany, October 6 and 7.

On October 15, Dr. E. H. Mudge, Dr. R. W. Bohn, Dr. A. D. Dye and Dr. H. D. Marritt attended a meeting of the combined neurological societies of Buffalo, Cleveland and Pittsburgh, held at Cambridge Springs, Pa.

Mrs. Helen T. Cannon, assistant principal, school of nursing, resigned October 24, to accept the position of principal, school of nursing at Binghamton State Hospital.

Miss Nellie M. Zukaitis of Rochester, was appointed assistant principal, school of nursing, November 15.

Dr. Seward H. Transue returned from the Psychiatric Institute in December, after taking a course in neuropsychiatry.

On December 31, the hospital had in operation 14 homes devoted to the family care of 58 patients.

HARLEM VALLEY

Dr. James Gaetaneillo took a six weeks course at the Psychiatric Institute, New York City, from October 3 to December 9.

Miss Mary Brykala was appointed assistant principal of the training school, August 1.

Miss Lauretta M. Townsend, assistant social worker, resigned December 14.

Mr. Edward M. Murphy was appointed assistant social worker on December 15.

Dr. R. H. Hutchings died December 14.

Mr. William J. Kiernan, outside supervisor, died October 5.

Mr. Thomas F. Murphy, assistant steward, died November 7.

Mr. C. C. Colesanti was appointed assistant steward, November 16.

HUDSON RIVER

The hospital made its usual displays at the Dutchess County fair at Rhinebeck, August 30 to September 2, inclusive, exhibiting articles and products of the occupational therapy, farm and floral departments of the hospital. As many patients as could be permitted attended the fair, and as usual were very appreciative of this privilege.

The fifty-second graduation exercises of the school of nursing was held Friday evening, September 16. The address of the evening was given by Hon. J. Gordon Flannery. The graduating class was composed of seven women and six men.

The annual hospital field day and carnival was held September 3 at the recreation field, and a very interesting pageant was presented, depicting the dances and customs of the gay nineties. A baseball game was played between the teams of this hospital and the Harlem Valley State Hospital in the afternoon.

On September 17 this hospital participated in a celebration at Poughkeepsie of the one hundred and fiftieth anniversary of the ratification by the State of New York of the Constitution of the United States. Two floats comparing the modern care of mental cases with the care given 150 years ago were entered, and awarded the second prize. Over 130 graduates and student nurses from the hospital were in the marching contingent that represented the hospital.

A group of our patients were taken to the Harlem Valley State Hospital, July 5, where they took part in the field day events at that hospital and enjoyed an evening's entertainment.

A large number of the medical staff attended meetings of the Dutchess County Psychiatric Society held at the Matteawan State Hospital, October 25 and at the Harlem Valley State Hospital, November 17.

On July 29, Mr. William R. Wright, assistant steward of the hospital, retired from the service of the hospital after over fifty years of loyal and faithful service. At that time he was presented with gifts by his fellow employees and friends from the hospital.

Dr. John Y. Notkin, clinical director, was promoted to chief of clinic and to associate attending neurologist and psychiatrist at the New York Post-Graduate Medical School and Hospital on July 1.

Horatio M. Pollock, Ph.D., director of mental hygiene statistics, visited the hospital the evening of November 10. Dr. Pollock consented to attend the meeting of the book club of the hospital medical staff on that evening and discussed a review of his book "Family Care of Mental Patients."

John F. Glavin, assistant steward at Pilgrim State Hospital, transferred to this hospital on October 1.

The following employees retired from the service of the hospital during the above six-month period.

Albertina B. Miller, stenographer, July 31.

Carrie Clark, waitress-chambermaid, September 22.

Ellen O'Malley, supervisor, September 30.

Mary Gilbride, sewing room attendant, October 31.

Emma H. W. Tellier, charge nurse, October 31.

Calvin Pratt, attendant, October 31.

George Deutsch, X-ray technician, October 31.

Two employees died during the same period:

Laverna Shaver, attendant, October 20.

Melville Clark, charge nurse, November 24.

KINGS PARK

Mrs. Elmer B. Howell, Babylon, has been appointed a State Charities Aid visitor to our hospital.

Through arrangements made with our hospital through Dr. George Draper, College of Physicians and Surgeons, Columbia University, and Dr. Nolan D. C. Lewis, director, Psychiatric Institute, New York City, Dr. William Sheldon of Chicago, and Dr. C. Wesley Dupertius of the laboratory staff of the College of Physicians and Surgeons, spent several days at Kings Park State Hospital studying cases of schizophrenia in connection with studies in human constitution, making certain anthropological measurements and photographs.

Mr. Matthew J. Tobin and Rev. John C. York were unanimously re-elected president and secretary, respectively, on the Board of Visitors of the Kings Park State Hospital for the ensuing year.

The school of nursing held graduation exercises after an interval of three years, on September 8. Those who graduated were:

Lillian Anagnost	Charlotte Sara Kavanau
Margaret Campbell	Pauline A. C. Kessler
Charles William Clark	Ellen M. King
Marie Josephine Coulon	Terese Lulue
Lee MacDowell	Louise Rall
Ivan Mandigo	Mary Sue Sargent
Martha Marie Murphy	Michael P. Schinn
James P. Nolan	William F. Schmidt

The hurricane of September 21 uprooted more than 160 of our largest trees about the hospital grounds. Outside of this no serious damage resulted. Patients and employees were unharmed.

Appointments

Mrs. Pearl Chenoweth, assistant social worker, July 1.

Resignations

Mr. James F. X. O'Connell, assistant social worker, July 31.

Mrs. Pearl Chenoweth, assistant social worker, October 31.

Retirements

Daniel Segar, supervisor, November 24.

Patrick Delaney, supervisor, November 26.

Deaths

Martin M. Kelly, special attendant, hydrotherapy, August 18.

Elwood Ehrle, steamfitter, October 4.

Ide McMasters, attendant, November 1.

Evelyn Jackson, attendant, November 17.

MANHATTAN

Mr. Siegfried F. Hartman was appointed a member of the Board of Visitors on September 19.

The Psychiatric Society of the Metropolitan State Hospitals held a meeting at the hospital on Monday evening, October 3, at which the following program was presented:

1. Election of officers.

2. Personality Changes After Insulin and Metrazol Treatment with Case Presentations—Paul Hoch, M. D. Discussion—Paul Schilder, M. D.
3. Diagnostic Aspects of Presenile Psychoses with Case Presentations—Paul Hoch, M. D., and Matthew Levine, M. D. Discussion—Nolan D. C. Lewis, M. D.

Commencement exercises were held on Thursday evening, October 6, at which 7 men and 11 women received their diplomas and 23 new members were formally received into the school of nursing, of whom 6 were men and 17 women. The speaker of the evening was Dr. Hugh M. Cox, a member of the Board of Visitors.

The patients' annual Hallowe'en party and entertainment was held on Thursday afternoon, October 27, and Friday evening, October 28. The entertainment consisted of a barn scene in which the various patients with talent gave specialty numbers of songs, dances and music. After the entertainment there was a program of dancing and competitive games.

An exhibition and sale of articles made by the patients in the occupational therapy department was held on November 15 to 19, inclusive.

Christmas trees, decorations, candy, gifts and donations received were distributed to the various parts of the hospital. Gifts and dinners were received from friends of the hospital for patients on parole and these were distributed to the patients and their children.

A Christmas party was held for patients in the occupational center on December 23. The annual holiday party was to be held in the assembly hall on Thursday afternoon, January 5. Gifts were distributed.

Max Frumkes, D. D. S., dental interne, resigned July 31; his place was filled by Harry M. Levine, D. D. S., on August 1.

MARCY

On August 5, Dr. William J. Tiffany, Commissioner, and Mr. Charles B. Dix, supervising power plant engineer, visited the hospital.

During the month of September, Mrs. Ruth B. Nelson, chief occupational therapist, and Mr. Martin Neary, occupational therapist, spent some time at the New York State Fair in Syracuse.

The monthly meeting of the Oneida County Medical Society was held at Marey on October 11. The program was under the direction of Dr. Neil D. Black, clinical director.

Prof. M. Hildreth with a group of summer students from Syracuse University, visited the hospital on July 29. They were conducted on a tour of the hospital by Dr. Neil D. Black.

During December many Christmas activities took place; on December 27 there was a dance for the patients in the assembly hall and on the 29th

a Christmas party in the form of a minstrel show was held in the assembly hall. This was under the direction of the occupational therapy department and was much enjoyed by the patients.

Mrs. Hazel Raymo, charge nurse, died November 11.

Miss Felecia A. Wasileska was appointed assistant social worker at this hospital, December 1.

MIDDLETOWN

Dr. W. H. Sheldon, anthropologist, from the University of Chicago, visited the hospital in August, photographing male cases of manic-depressive psychosis under 45 and male cases of dementia praecox under 31.

Patients' picnics were held weekly at Shawangunk Grove during July and August.

The Fourth of July was celebrated by a display of fireworks open to the public and attended this year by the largest crowd ever assembled in the hospital grounds.

The twenty-second annual field day was held August 31. The program opened with the jubilee celebration float and nurses' marching unit, followed by an afternoon of athletic contests for patients and employees.

The hospital made its usual exhibit of fruits, flowers and vegetables at the Orange County fair the week of August 15 and had for sale products of the occupational therapy department.

Mrs. Eleanor Clarke Slagle, director of the bureau of occupational therapy, Miss Hester B. Crutcher, director of psychiatric social work, and Dr. Donald W. Cohen, chief child guidance psychiatrist, visited the hospital during August.

Commencement exercises of the nurses' training school were held on the evening of September 14. Fourteen graduates were awarded diplomas by Robert H. Clark, president of the Board of Visitors.

Dr. Edith G. Selleck of the hospital staff took the course of instruction for physicians at the Psychiatric Institute and Columbia University.

Five tuberculous men patients were received by transfer from the Rockland State Hospital on November 29.

The Christmas celebration for patients extending over a week included parties for all working patients, patients in occupational therapy, and special dances and entertainments for all. Many of the wards were elaborately decorated and the community Christmas tree was lighted on the hospital grounds.

PILGRIM

Donald W. Parsons, D. M. D., was appointed dental interne, July 1.

Dr. Joseph Jacobson, Provincial Hospital for Insane, St. Johns, New Brunswick, visited the hospital on July 6.

Miss Ethel Cooke, assistant social worker, resigned July 9.

Dr. J. Brayton Lewis was promoted to senior dentist, August 1.

Miss Lucille Walter was appointed volunteer social worker, August 16.

Dr. J. D. Silverston, superintendent of Lancashire County Mental Hospital at Lancaster, England, visited the hospital, August 23.

Mrs. F. C. Hewlett, State Charities Aid visitor, made the first such visit to the hospital, September 14.

Mr. John F. Glavin, assistant steward, transferred to Hudson River State Hospital, October 1.

Dr. William H. Hoffman, dental interne, was promoted to the position of dentist, October 16.

Mr. Peter J. Vanderpoel was appointed assistant steward, November 1.

The annual sale of the occupational therapy department was held November 16, 17 and 18, in the assembly hall.

Dr. Clifton Todd Perkins, commissioner of mental health, state of Massachusetts, Senator Joseph Langone, Representatives Thomas Dillon and William Brown, and Mr. John Gray, state architect, all members of Governor Hurley's special committee on institutions in Massachusetts, visited and inspected the hospital on November 18.

Miss Zilpha Rose was appointed assistant social worker, November 8.

Miss Barbara Middendorf was appointed assistant social worker, November 16.

Dr. Theo K. Miller, assistant clinical director, Camarillo State Hospital, Camarillo, Cal., visited the hospital, December 1.

Members of the Japanese Association of New York State visited the hospital bringing cheer to the Japanese patients, December 4.

Christmas dance and party for the patients was held in the assembly hall, December 21.

ROCHESTER

In accordance with custom the water from our hospital wells was sampled and analyzed by the State Department of Health early in the fall and there was some evidence of pollution. At about the same time we had discovered that there was an uncapped well around which dirt was settling. Immediately this was capped, with the result that the next sample of water proved to be satisfactory. Sufficient anxiety had been aroused, however, by this incident to interest the district sanitary engineer and the city department of health to result in an order by the city that all cross connections between our water supply and the city water supply be discontinued.

On November 22, Mr. Ryon, sanitary engineer of the Department of Public Works, and the local sanitary officer visited the hospital, and recommended that the hospital remove these cross connections and install in

their place one swing connection in the power house. This work has been started and some of the cross connections have been removed. Eventually the arrangement recommended by Mr. Ryon will be provided.

In our last report we mentioned the fact that a few cases of sore throat had proven, by laboratory tests, to be diphtheria and, as an outgrowth of this situation, considerable investigation has been made. A large percentage of both patients and employees were found to have a positive Schick. These patients and employees have been immunized and for some weeks there has been no further development of diphtheria but three carriers have been found who are now isolated.

About the middle of December the annual inspection by the city fire department was made by Captain Andrews and Battalion Chief Gallagher. These inspections have been carried on for some years back with great benefit to the hospital and with apparent satisfaction to the city fire department. These inspections are thorough from attic to basement throughout the entire institution. In the beginning questionable situations were found but each year we have corrected every possible irregularity with the result that this year there was nothing found in the way of a fire hazard further than a half-dozen of employees had taken upon themselves to add to their lighting equipment in their rooms. These things have been corrected and we are quite pleased to know that we are not likely to have the misfortune of a fire as a result of anything that can be foreseen.

For some years we have had no State Charities Aid visitors at this institution but late in the summer we were informed that two had been appointed, Mrs. Theodore Richards of Perry, and Mrs. John W. Hotchkiss of Geneseo.

Visitors to the hospital were:

July 16-18, William J. Tiffany, M. D., Commissioner, and Mr. Charles B. Dix, supervising power plant engineer, Albany.

July 18, Mr. E. D. Camp, Division of Architecture, Albany.

October 14, Mr. H. M. Prangen, Division of Standards and Purchase, Albany.

October 24, Mr. Francis C. Collins, Division of the Budget.

October 26, Mr. Alex Robinton, Division of Standards and Purchase, Albany.

October 28, Dr. Vincent, Department of Health (U. S. Public Health Service).

October 28, Mr. George Zimmerman, Department of Public Works.

November 7, Mr. George Moore, district sanitary engineer, Department of Health.

November 7, Mr. Curley, U. S. Veterans' Administration, Batavia.

November 22, Mr. Henry Ryon, Sr., sanitary engineer, Albany, and Mr. George Moore, local district sanitary engineer, Department of Health.

ROCKLAND

Dr. Ina Aukes, first medical officer, deputy superintendent of Dunes and Wood Mental Hospital at Bakkum near Amsterdam, Holland, visited the hospital, July 12, and was shown through the buildings.

On July 12, the Rockland County Medical Society held its regular meeting at the hospital.

Mr. Frank Ohmstead, director, college summer service group, New York University, visited the hospital with a group of 40 students on July 23, and was conducted on a tour of the hospital.

Dr. Elaine Kinder, Letehworth Village, and a group of students visited the children's group on July 29.

Miss Nanette Berwits was appointed to the position of assistant principal of the training school on August 1.

On August 11, Dr. Arthur P. Noyes, superintendent of the Norristown State Hospital, Norristown, Pa., visited the hospital. The same day a group of Hunter College students visited the hospital and were conducted through the buildings.

Dr. W. H. Sheldon, research associate of Harvard University, and Dr. C. W. Dupertuis, who is connected with Dr. Draper's constitution clinic in New York City, spent several days in the hospital during August on a research project in connection with cases of dementia praecox and manic-depressive psychoses.

Dr. George Kreezer, assistant professor of psychology, Cornell University, visited the hospital, August 31, to do research on encephalography.

The annual golf tournament participated in by physicians and other officers of State institutions in the Department of Mental Hygiene, was held at the Blue Hill County Club, Pearl River, September 29 and 30.

On October 1, Mrs. Joanna C. Jaekson was appointed chef.

During the hurricane in September a large number of shade trees on the grounds of the hospital were destroyed.

A dance was held October 11 in the assembly hall for the benefit of the Good Samaritan Hospital in Suffern.

Dr. E. J. Ryan, superintendent, Provincial Mental Hospital, Essondale, British Columbia, visited the hospital, October 17 and inspected various buildings.

Meyerdiel Paeklaian, ward attendant, died at the hospital on November 15.

On November 18, cafeteria service was begun for the patients of building 34. At the present time cafeteria service is provided for all the patients of the hospital except those in the reception services and in the wards for bed cases.

Dr. Clifton H. Perkins, commissioner, department of mental disease, Commonwealth of Massachusetts, together with Messrs. Brown, Gray and Coyne, visited the hospital November 19, to study our children's service in connection with plans for the establishment of a similar service at one of the hospitals in Massachusetts.

Dr. Theodore K. Miller, director of Camarillo State Hospital, Camarillo, Cal., spent November 28 and 29 at the hospital inspecting many of the buildings and studying many of the features of the hospital administration.

Miss Helena Halpern, a registered pharmacist at Binghamton State Hospital, transferred to this institution, December 1.

On December 2, Dr. Siegfried Fisher, medical director of the state hospital at South Blackfoot, Idaho, visited Rockland to study the organization of our occupational therapy department.

Dr. Walter A. Thompson, senior assistant physician, took the postgraduate course in neurology and psychiatry held at the Psychiatric Institute from October 3 to December 9.

UTICA

Mr. Edward C. Wells of Johnstown, newly-appointed official visitor of the State Charities Aid Association, came to the hospital on August 25 and passed the day in observation. Mrs. Fred M. Geortner of Canajoharie, also a newly-appointed official visitor of the association, came to Utica, September 8, and attended a staff meeting at the hospital.

Early in the summer the government of the Republic of Venezuela requested the National Committee of Mental Hygiene to arrange for a physician of the government psychiatric hospital at Caracas, to have the opportunity to study methods of treatment at typical mental institutions in this country. The committee asked this hospital to receive him for the first portion of his two-year observation period, permission for which was granted. Accordingly, Dr. Raul Ramos Calles came to Utica on August 16, planning to remain for about six months. His status has been that of resident in psychiatry. Dr. Ramos intended to leave about the middle of January.

Miss Elizabeth Bixler, director of nursing at New York Hospital—Westchester Division, White Plains, and Miss Gertrude Zurrer of the Henry Street Settlement, New York City, visited the school of nursing, September 7.

Dr. C. E. Terry, a physician of the Harlem Valley State Hospital, visited this hospital September 12 and remained until the fourteenth, during which time he made a critical inspection and survey of the hospital from the health officer's point of view. Dr. Terry was formerly health officer of Jacksonville, Fla., and is a graduate of the public health school of Johns Hopkins University.

Graduation exercises were held on September 28 in the new assembly hall in conjunction with the other hospitals affiliated in the Central School of Nursing, Utica—the Faxton and Memorial hospitals. Mr. Clarence E. Williams presided and Miss Anna Gelinas, Skidmore College, was the principal speaker. Seven graduates of this hospital's school of nursing received their diplomas: Misses Lillie Ann Abel, Laura Magdalene Ball, Frances Inez Brand, Helen Eloise Jones, Ruth Ann Owen, Margaret Helen Smith, and Leona Ann Willett.

The evening of October 5 marked the dedicatory exercises for the new assembly hall, which had been named Hutchings Hall in honor of the present superintendent, Dr. Richard H. Hutchings. The president of the Board of Visitors, Mr. Clarence E. Williams, presided and introduced the Very Reverend D. Charles White, another board member, who gave the invocation. Other speakers were Commissioner William J. Tiffany, former commissioner Dr. Frederick W. Parsons, President George B. Cutten of Colgate University, President W. H. Cowley of Hamilton College, Chancellor W. P. Graham of Syracuse University, President Henry T. Moore of Skidmore College, President Dixon Ryan Fox of Union College, Dr. John A. DeCamp, superintendent of Utica public schools, and Dean H. G. Weiskotten of Syracuse University Medical School. Reverend Daniel B. Corrou closed the exercises with benediction.

A bronze tablet had previously been erected on the exterior of the building, near the main entrance.

Hutchings Hall was officially opened to public attendance with a series of lectures entitled The Attainment of Social Security Within the Personality, under the auspices of the Oneida County Mental Hygiene Committee. Six lectures comprised the series, whose speakers included Dr. Arthur H. Ruggles, Dr. Frank J. O'Brien, Dr. James E. Plant, Dr. T. V. Moore, Dr. Eugen Kahn and Dr. Karl Menninger. The first lecture was given October 5, in the evening.

A hobby show was held in Hutchings Hall, October 24 and 25, at which employees displayed about fifty exhibits. It was well attended by patients, employees and friends. In the evening music was provided by Mrs. Ross D. Helmer, wife of the first assistant physician, who presented a varied program on the newly-installed Orgatron.

On October 29, fire was discovered in the general storehouse at 7:30 p. m. The first indication of it was obtained by the telephone operator when both Bell and local telephones registered calls on the switchboard at the same moment. When no answer came to her call, she knew that something was wrong, for the storehouse had closed at about 5 o'clock. The nearby powerhouse was called and an engineer investigated, reporting that there was a fire. The response of the city fire department to the alarm was prompt. Flames were confined to the east end of the building and principally to the room occupied as an office, where the fire seemed to have started. The doors and casings and the partitions to the office were destroyed and the walls were badly scorched and smoked. The loss of stock was restricted almost entirely to water damage.

On November 1, the patients' congregate dining room with cafeteria service was opened. The equipment is complete and modern. The counter is divided at the center by a barrier and the service is duplicated, the men coming in on the west side of the room and the women on the east side. There are 242 chairs at 40 tables. This number of seats is sufficient to take care of the needs of the entire number of patients who enter the room, which is approximately 1,000. One and one-half hours are needed to serve dinner; the other meals require slightly less time. The patients quickly fell into the routine and very little disorder has occurred, even on the first days.

Prof. C. E. Meyer of the Syracuse North High School, brought 75 students here on November 4. Dr. Meyer evidently gives them a good theoretical course in mental hygiene and they come here well prepared to comprehend a discussion by one of the staff physicians, and they are shown patients to illustrate the elements of the talk.

On November 8, Prof. R. W. Foley of Colgate University, brought 35 students of his class in sociology. Dr. Bigelow gave them a talk on "Mental Disorder as a Sociologic Problem."

Miss Ethel A. Randall was appointed chief occupational therapist on December 1, 1938.

Miss Dorothy C. Hutchings was appointed assistant social worker on December 8, 1938.

A postgraduate course of cardiac lectures, under the auspices of Oneida County Medical Committee, was given on Wednesday evenings. This series of six lectures was arranged by the education committee of the New York Heart Association for the Medical Society of the State of New York and the first lecture was given on November 30.

Mrs. Tom W. Johnson, assisted by members of the auxiliaries of the various Legion posts of Utica and several Gold Star Mothers, entertained the ex-service patients of the Utica and Marey State hospitals at a Christmas party

held in Hutchings Hall on the afternoon of December 22. About 30 patients from the Utica State Hospital were present and about 25 from Marcy. There were games and dancing for the patients, and songs that were popular during the World War were sung. All patients received ties, socks and cigarettes, which were distributed from the Christmas tree and ice cream was served.

The following employees retired in the past six-month period:

William N. Tanner, attendant, September 8.

Mary E. Fuller, social worker, December 31.

The superintendent reports with regret the death of Carrie E. Moak, special attendant in sewing room, on July 23.

SYRACUSE PSYCHOPATHIC HOSPITAL

Mrs. I. J. Furman presented the hospital with 20 volumes on psychiatry belonging to the library of her late husband, Dr. I. J. Furman.

On September 20, Dr. George Stevenson of the National Committee on Mental Hygiene, visited the hospital in the interest of a survey which he was making of the child guidance facilities in the city of Syracuse.

The Onondaga County Medical Society met at the hospital, the evening of October 4. Drs. Davidoff and Whitaker of the staff presented papers.

In connection with the meeting of the Association of American Medical Colleges held in Syracuse October 24 and 25, the following members of the conference made an inspection of the hospital:

Dr. John V. Lawrence, director, Washington University clinics, St. Louis, Mo.

Allan M. Chesney, dean, Johns Hopkins Medical College, Baltimore, Md.

F. J. H. Campbell, dean, University of Western Ontario Medical School, London, Ont.

W. S. Leathers, dean, Vanderbilt Medical School, Nashville, Tenn.

Robt. U. Patterson, dean, University of Oklahoma, School of Medicine.

A. W. Stearns, dean, Tufts Medical School, Boston, Mass.

Russell H. Oppenheimer, Emory University School of Medicine, Georgia.

G. Canby Robinson, Johns Hopkins Medical College, Baltimore, Md.

N. G. Adams, dean, School of Medicine, Howard University, Washington, D. C.

Mildred C. Seville, former assistant, The Commonwealth Fund, New York City.

Robt. P. Walton, professor of pharmacology, University of Mississippi.

L. D. Wileox, University of Western Ontario, London, Canada (internist).

R. B. Allen, Wayne University College of Medicine, Detroit, Mich.

H. E. Jordan, University of Virginia, Charlottesville, Va.

On October 8 a number of patients attended the Syracuse-Maryland football game as guests of Syracuse University.

Waht P. Yemprayura, M. D., D. D. S., director, Phya Thai Government Hospital, Bangkok, Siam, visited the hospital, November 18.

On November 7 and 8 a tea and annual sale of articles made in the occupational therapy classes was held at the hospital.

The medical reserve officers of Syracuse met at the hospital the evening of December 15. A program was presented by the hospital staff.

The following items are for the period from January 1 to June 30, 1938:

Dr. Lester Evans, representing the Commonwealth Fund, visited the hospital January 31, 1938, accompanied by Dean Weiskotten of the Syracuse University College of Medicine.

An undergraduate medical group, to be known as the Richard H. Hutchings Psychiatric Society, was organized during March, for the purpose of stimulating interest among the student body in the psychobiological approach to medicine. The society was named in honor of Dr. Hutchings, superintendent of the Utica State Hospital, who for 30 years has been lecturing to the students of the college of medicine at Syracuse.

During the month of May several groups of sociology students from the local high schools visited the hospital and were given talks on mental hygiene by the hospital staff.

STATE INSTITUTIONS

LETCHWORTH VILLAGE

Dr. Edward A. Malloy was appointed dental interne, July 5.

On September 21, the tropical hurricane, which caused so much damage in Central New England and Long Island, passed over the institution and did considerable damage to our trees. Approximately three hundred trees on the whole property were flattened by the wind. However, a great many were raised, braced and wired. There was no damage to any of the buildings.

About fifty members of the Rockland County Medical Society met at Kirkbride Hall on September 28. Dr. Leon Loiseaux, F. A. C. S., attending obstetrician and gynecologist at Flower-Fifth Avenue and Metropolitan hospitals, New York City, delivered a lecture on Office Procedures in Gynecologic Diagnosis and Treatment.

The New York Society for Clinical Psychiatry held a special meeting at Letchworth Village on the evening of October 13. The program consisted

of an introduction by the superintendent and a clinic presentation by Drs. Humphreys, Jervis and Kinder.

November 12 was the twenty-fifth anniversary of Mr. Henry L. Weber's service as steward of Letchworth Village. Mr. Weber came to the institution on November 12, 1913, but has served the State for 34 years, having joined on December 7, 1904, at the age of 18 years, the staff of the Willard State Hospital, where he worked as a clerk in the administration office. Later he was appointed accountant in the steward's department. On November 22, 1909, he was assigned to Binghamton State Hospital as bookkeeper where he remained until he came to Letchworth Village as steward. Mr. Weber has been of inestimable value to the institution through his conscientious service.

NEWARK STATE SCHOOL

Dr. C. L. Vaux, who had been superintendent since 1931, died suddenly on July 23 following a fall when making rounds in one of the buildings. His outstanding contribution to the treatment of mental defectives consisted of the establishment of family care of patients, which has since been carried on throughout institutions within the department. He also introduced the intensive treatment of spastic paralysis, opening ward and treatment rooms devoted entirely to this purpose. He was closely associated with local affairs and did a great deal to establish better feeling between the nearby communities and the school. His death came as a great shock to the personnel of the institution, and his loss will be felt as time goes on.

Dr. H. G. Hubbell, clinical director, was designated acting superintendent on July 26, 1938.

Daniel Menino, a boy of 15 years, who was placed in family care in October, 1936, and attended the local school, was found hanging from a limb of a tree on the farm of his foster parents on November 22. The coroner held an inquest and brought in a verdict of suicide. This is the first time a suicide has occurred in family care. No reason could be established for his act, as he had not been depressed, but it was felt that possibly he might have been seeing too many movies.

A meeting of the Eastern State Schools Social Workers' Conference was held here, October 16 and 17. Social workers from Massachusetts and from other institutions in this State attended. While here, they visited the family-care community at Walworth.

We have furnished photographs of some of our activities to be shown at the coming World's Fair.

Lula E. Bowker, head social worker, retired October 31, having been at the school for 18 years.

Mrs. Sarah Armitage was placed in charge of the social service department.

Miss Eleanor Timmerman was appointed assistant social worker, December 1.

ROME STATE SCHOOL

Marjorie Stoll Brulle was appointed assistant social worker as of November 1.

SYRACUSE STATE SCHOOL

Annual field day was held on July 4 with special activities at the main school and colonies.

On August 1, 19 boys of our Boy Scout troop went to Camp Woodland, of the Cortland-Onondaga Council, for a period of two weeks. Of the 18 boys who took the canoe test, all passed.

Throughout the summer, softball leagues for the boys were conducted at the school and colonies. A ball team which represented the school played numerous games with outside teams.

The school was visited, August 24 by Miss Caroline U. Perkins and Miss Dorothy V. Van Buren of Faribault, Minn.; also, Miss Hayzel A. Hotaling and Miss Helen E. Hotaling of St. Paul, Minn., at which time a tour of the institution was made.

On August 28, the girls' camp for parole and colony girls finished a 10-week period after a most successful season.

The colony girls attended the New York State Fair on August 30 and the colony boys on August 31.

The girls at the city school were given a picnic at Suburban Park which is located near Manlius, on September 8.

In October, Miss Helen F. Huson, inspector of the Department of Social Welfare, Buffalo, New York, came to the school and reviewed the cases of those children who are in this school, committed from her district.

Hallowe'en parties were held throughout the various parts of the institution.

Dr. Raymond D. Brough, dental interne, who was granted a leave of absence as of December 1, 1937, resigned at the expiration of his leave.

Mr. E. Haynes, representing the New York State temporary commission on the condition of the colored urban population, visited the school in November.

The meeting of the Neuron Club was held here on November 12.

In response to a request made by Mr. J. W. Studebaker, Commissioner of Education, Department of Interior, Washington, D. C., material was furnished him regarding the institution, pertaining to the grade school, and

the boys' and girls' manual training classes. Photographs of classroom activities were sent depicting the school experiences of the children, also the work of our colonies.

On December 21 and 22 a Christmas play, entitled, "The Pied Piper of Hamlin," was presented by the children at the main school.

Throughout the various parts of the institution during the Christmas time parties were held for the children.

All the children at the city school attended the Christmas party given at Loew's Theater on December 27, this party having been sponsored by the Syracuse Lodge of Elks.

Mrs. Elizabeth Guyder, who had been a matron at one of our girls' colonies since February, 1930, died suddenly on July 17. She had been in the service of the institution since April, 1926.

WASSAIC STATE SCHOOL

The usual Fourth of July celebration was held, which was very much enjoyed by the children. The large number of outside visitors at the fireworks exhibition in the evening indicated its general popularity.

Dr. Charles F. McDonald, dentist, resigned July 4; his place was taken by Dr. Paul B. O'Connell, the following day.

Although the national organization of the Girl Scouts considered this institution as definitely correctional, and on such basis at first refused to give our Girl Scouts a charter, they finally relented, placing our troop on trial for one year. The girls have been most enthusiastic in their study of Girl Scout literature and Girl Scout activities.

On July 30, the main cow barn was partly damaged by fire. Inasmuch as the hay had been in the barn only a short time, spontaneous combustion appeared to be the cause of the fire. On August 6 another barn, which was used largely for storage, took fire and but for the cow stable, was destroyed. Following investigation by State troopers and institution authorities a pyromaniac patient was found who admitted setting both fires.

During the storm of September 21 the water rose upon the pumphouse flat to the highest maximum for a number of years. It came within 12 inches of top of pumphouse waterproofing. Many of the older trees about the grounds were destroyed as a result of the wind, and a large number of younger trees bent over. Since the storm the damage to these trees has been corrected so far as possible.

CRAIG COLONY

Dr. Frederick Peterson, most active in the establishment of the Craig Colony, and connected with the institution since its inception, died July 9, 1938.

Dr. Max Frumkes, who had resigned as dental interne at Manhattan State Hospital, July 31, came to this institution in the same capacity, August 1.

On October 28, Dr. George W. O'Grady, pathologist on the Colony's consulting staff, died at his home in Rochester.

Mrs. Mary C. Smith of Batavia was appointed in August a member of the Colony's Board of Visitors. Mrs. Smith takes the place of Mr. M. J. Earley, deceased.

On November 29, Dr. Wm. T. Shanahan gave a talk before the Dansville Rotary Club, on the early history of Sonyea and the Shakers, and the various activities at Craig Colony.

Dr. Glenn J. Doolittle gave a talk on November 1, before the Mount Morris Rotary Club, on the subject of epilepsy and treatment of special conditions at the Colony.

William Maginn, attendant, died on August 9. The following named retired during the year: Frank Wilbur, attendant, July 1; Herbert Paul, tailor, August 1; Elmer Reynolds, assistant engineer, August 1, and Lawrence Burke, shoemaker, October 1.

On November 17, the Western New York Occupational Therapy Association held an all-day meeting at the Colony.

A court of honor was held at the Colony on October 31, with several outside Boy Scout troops taking part with the Colony troop.

The summer school of the Geneseo State Normal School gave a course at the Colony, 16 students being in residence.

On August 5, the occupational therapy department held a play day at the Colony. A softball game was played with a team from the Newark State School.

In the early morning of July 30, a barn in the west group was destroyed by fire.

On December 7, the nurses' club presented a minstrel show at the Colony.

CHANGES IN PERSONNEL IN THE MEDICAL SERVICE

APPOINTMENTS

Pathologist

Morris, Dr. Joyee Springer, at Binghamton State Hospital, November 1.

Assistant Physician

Blodgett, Dr. Blaney B., medical interne at Harlem Valley State Hospital, July 1.

Booth, Dr. Harold T., medical interne at Harlem Valley State Hospital, July 1.

Pellens, Dr. Mildred, medical interne at Harlem Valley State Hospital, October 1.

Schwoerer, Dr. Oscar, medical interne at Harlem Valley State Hospital, October 1.

Resident Physician, Syracuse Psychopathic Hospital

Whitaker, Dr. Carl A., appointed July 6.

Medical Interne

Berlatt, Dr. Louis, Middletown State Homeopathic Hospital, July 1.

Borough, Dr. Lester D., Buffalo State Hospital, July 5.

Brody, Dr. Matthew, Brooklyn State Hospital, August 1.

Brown, Dr. Philip, Central Islip State Hospital, July 1.

Clark, Dr. David G., Central Islip State Hospital, July 1.

Dollar, Dr. Helen, Pilgrim State Hospital, August 15.

Fitzgerald, Dr. Gerald P., Kings Park State Hospital, July 9.

Frank, Dr. Leonard C., Hudson River State Hospital, July 28.

Friedman, Dr. Herbert S., Central Islip State Hospital, July 1.

Gilmour, Dr. Omar W., Wassaie State School, July 1.

Gritsavage, Dr. Clem E., Rockland State Hospital, July 1.

Haines, Dr. Henry H., Rochester State Hospital, November 1.

Hale, Dr. Frank A., Creedmoor State Hospital, September 16.

Hamilton, Dr. Thomas P., Kings Park State Hospital, July 12.

Jarrett, Dr. Thirl E., Central Islip State Hospital, September 1.

Lehrman, Dr. Samuel R., Utica State Hospital, July 1.

McGoldrick, Dr. Edward V., Brooklyn State Hospital, July 1.

Honteleone, Dr. G. Walter, Middletown State Homeopathic Hospital, July 12.

Moran, Dr. James P., Brooklyn State Hospital, July 1.

Moseo, Dr. James Arthur, St. Lawrence State Hospital, August 1.

Murray, Dr. William J., Binghamton State Hospital, November 1.

Naclerio, Dr. Thomas A., Creedmoor State Hospital, July 1.

Naples, Dr. Maria S., Syracuse State School, August 1.

Nathan, Dr. Robert E., Craig Colony, September 12.

Nelson, Dr. Lloyd J., Creedmoor State Hospital, October 1.

O'Brien, Dr. Francis H., Central Islip State Hospital, July 1.

O'Brien, Dr. John J., Pilgrim State Hospital, July 15.

O'Donnell, Dr. Thomas Francis, Letchworth Village, December 5.

Oliker, Dr. Abraham J., Rome State School, July 1.

Osler, Dr. Jay K., Central Islip State Hospital, July 15.

Palmer, Dr. James N., Utica State Hospital, July 16.

Rexford, Dr. Eveleen, Central Islip State Hospital, July 1.
Riley, Dr. Peter B., Buffalo State Hospital, December 1.
Roose, Dr. Lawrence J., Rockland State Hospital, July 1.
Rosenbaum, Dr. David, St. Lawrence State Hospital, July 1.
Ross, Dr. John R., Jr., Harlem Valley State Hospital, July 1.
Roylance, Dr. F. Dean, Kings Park State Hospital, July 1.
Sampliner, Dr. Robert B., Utica State Hospital, September 1.
Schneider, Dr. Kenneth, Harlem Valley State Hospital, October 1.
Schultz, Dr. John D., Kings Park State Hospital, August 1.
Shevlin, Dr. Charles F., Pilgrim State Hospital, July 1.
Simon, Dr. Kenneth, Brooklyn State Hospital, July 1.
Suratt, Dr. Theodore P., Central Islip State Hospital, November 1.
Sullivan, Dr. Arthur M., Harlem Valley State Hospital, October 21.
Svibergson, Dr. Nils Emil, Letchworth Village, July 1.
Tabor, Dr. Sidney H., Creedmoor State Hospital, July 11.
Tomao, Dr. Anthony L., Pilgrim State Hospital, July 15.
Vogel, Dr. George, Brooklyn State Hospital, October 17.
Waggener, Dr. Karl J., Pilgrim State Hospital, July 1.
Walker, Dr. John E., Binghamton State Hospital, July 4.
Wells, Dr. Josephine S., Central Islip State Hospital, July 1.
Zimmerman, Dr. Joseph K., Brooklyn State Hospital, July 1.

REINSTATEMENTS

Gaulocher, Dr. Archibald, senior assistant physician, at Harlem Valley State Hospital, October 1.

Kennedy, Dr. Cyril J. C., assistant physician, at Kings Park State Hospital, September 15.

Schwoerer, Dr. Oscar, medical interne, Harlem Valley State Hospital, October 1.

Taylor, Dr. James A., assistant physician, Kings Park State Hospital, July 1.

PROMOTIONS

DiGiovanna, Dr. Mario A., Rockland State Hospital, to senior assistant physician, December 1.

Greenberg, Dr. Charles, Harlem Valley State Hospital, to senior assistant physician, December 1.

Huddart, Dr. Viola G., Hudson River State Hospital, to senior assistant physician, December 1.

Hunt, Dr. Robert C., Rochester State Hospital, to senior assistant physician, December 1.

Kleiman, Dr. Charles, Marey State Hospital, to senior assistant physician, November 16.

Laburt, Dr. Harry A., Harlem Valley State Hospital, from clinical director, to first assistant physician, December 31.

Lemmle, Malwina T., Rochester State Hospital, to senior assistant physician, December 1.

O'Neill, Dr. Francis J., Central Islip State Hospital, to senior assistant physician, December 5.

Rappa, Dr. James, Brooklyn State Hospital, to senior assistant physician, November 21.

Savitt, Dr. Robert A., Creedmoor State Hospital, to senior assistant physician, December 1.

Schein, Dr. Gabriel, Marey State Hospital, to senior assistant physician, November 16.

Starks, Dr. Hamlin A., Rockland State Hospital, to senior assistant physician, December 1.

Terrence, Dr. Christopher F., Brooklyn State Hospital, to senior assistant physician, November 21.

Wise, Dr. Robert A., Rochester State Hospital, to senior assistant physician, December 1.

Wolfson, Dr. Leo, Hudson River State Hospital, to senior assistant physician, December 1.

Zeifert, Dr. Mark, Brooklyn State Hospital, to senior assistant physician, November 21.

TRANSFERS

Gregory, Dr. Hugh S., first assistant physician, Binghamton State Hospital, to Creedmoor State Hospital, September 1.

Schneider, Dr. Paul, assistant physician, Rochester State Hospital, to Pilgrim State Hospital, December 1.

Smith, Dr. Percy L., senior assistant physician, to Rockland State Hospital, November 1.

Vynner, Dr. Harold L., assistant physician, Brooklyn State Hospital, to Pilgrim State Hospital, July 16.

RETURNED FROM LEAVE OF ABSENCE

Wolfson, Dr. Leo, assistant physician, Hudson River State Hospital, July 18.

WENT OF LEAVE OF ABSENCE

Adams, Dr. Leslie P., assistant physician, Brooklyn State Hospital, November 11.

RETIRED

Hinkley, Dr. Frank, senior assistant physician, Central Islip State Hospital, October 5.

DIED

Hutchings, Dr. Richard H., Jr., first assistant physician, Harlem Valley State Hospital, December 14.

RESIGNATIONS

Boldt, Dr. Waldemar H., assistant physician, Letchworth Village, July 1, to assume position at Psychiatric Institute and Hospital.

Brown, Dr. Marvin, medical interne, St. Lawrence State Hospital, July 31.

Campbell, Dr. John D., medical interne, Buffalo State Hospital, December 31.

Casciano, Dr. Adolph D., assistant physician, Rockland State Hospital, December 15.

Cassino, Dr. Frank A., assistant physician, Creedmoor State Hospital, December 31.

Cole, Dr. Lewis F., medical interne, Utica State Hospital, August 31.

Daly, Dr. Joseph, Jr., assistant physician, Hudson River State Hospital, July 18.

Decker, Dr. Walter P., medical interne, Buffalo State Hospital, November 30.

Downes, Dr. Ralph L., assistant physician, Binghamton State Hospital, October 1.

Edmunds, Dr. Elizabeth H., medical interne, Brooklyn State Hospital, September 27.

Healy, Dr. Maurice B., medical interne, Buffalo State Hospital, July 4.

Hogboom, Dr. Willard L., medical interne, Letchworth Village, December 17.

Hughes, Dr. Henry W., assistant physician, Central Islip State Hospital, November 20.

Jervis, Dr. George A., medical interne, Letchworth Village, July 1, to assume position at Psychiatric Institute and Hospital.

Loehner, Dr. Conrad A., assistant physician, Central Islip State Hospital, July 31.

McGuinn, Dr. William B., medical interne, Brooklyn State Hospital, July 18.

Osler, Dr. Jay K., medical interne, Central Islip State Hospital, December 15.

Rosenheim, Dr. Frederick, senior assistant physician, Central Islip State Hospital, October 15.

Ross, Dr. John R., Jr., medical interne, Harlem Valley State Hospital, December 31.

Roylance, Dr. F. Dean, medical interne, Kings Park State Hospital, December 31.

Shaughnessy, Dr. Daniel C., medical interne, Utica State Hospital, July 15.

Shulaack, Dr. Norman R., assistant physician, Harlem Valley State Hospital, October 15.

Snoops, Dr. George J., senior assistant physician, Central Islip State Hospital, November 15.

Tabor, Dr. Sidney H., medical interne, Creedmoor State Hospital, September 15.

Vogel, Dr. George, medical interne, Brooklyn State Hospital, November 14.

Wedeles, Dr. Heinz, medical interne, Kings Park State Hospital, November 13.

Civil Service Eligible Lists for Positions in the Department of Mental Hygiene

Principal, School of Nursing. Promotion. List Established August 23, 1938

Helen T. Cannon, Helmuth

Vivian S. Greene, Sonyea.

Loretta H. Clough, Utica.

Physical Instructor. List Established August 31, 1938

Joseph Kieta, Jr., Buffalo.

Leah E. Dunn, Utica.

Horace R. Cole, Orangeburg.

Winifred Webb, Brentwood.

Marian E. Wooster, Orangeburg.

Dorothy M. Hines, Sonyea.

Violet C. Bogner, Buffalo.

Helen L. Murphy, Poughkeepsie.

Walter E. Damon, Sonyea.

Child Guidance Clinic Worker. List Established September 28, 1938

Anna E. Mialki, Helmuth.

Samuel B. Kutash, Brooklyn.

Dorothy E. Jones, Newark.

Bessie B. Dinin, New York City.
Dorothy Gray, Albany.
Robert M. Allen, New York City.
Lawrence Rubenstein, New York City.
David Kaplun, New York City.
Eleanor Lawenstein, Ossining.
Joseph Newman, New York City.
Anna C. Russell, Rochester.
Mark Schulman, Brooklyn.
Sylvia Ageloff, Brooklyn.
Alice M. Ford, Schodack Center.

Chief Engineer. Promotion. List Established September 28, 1938

Edgar H. McDowell, Ward's Island.
Maurice D. Sipple, Brentwood.
George F. Wyekoff, Brooklyn.
Benjamin J. Titamer, Queens Village.
Howard L. Johnson, Willard.
James Gibbons, Middletown.
William G. Broadbridge, Rochester.
Edward W. Jones, Pearl River.
William A. Sheffer, Jr., Wingdale.
Fred J. Wilkens, Willard.
Elmer W. Chapman, Sonyea.
William Hentschel, Brooklyn.
William E. Helmer, Poughkeepsie.
Joseph W. Sarrow, Buffalo.
William C. Mitchell, New York City.
Dubois Vandewater, Whitesboro.
Eric G. Fall, Ogdensburg.
William F. Culley, Deer Park, L. I.
Thomas F. McCann, Floral Park, L. I.
Edward S. Sammis, Northport, L. I.
Guy Campbell, Orangeburg.
Henry H. Demling, New York City.
Lewis C. Van Huben, Newark.
William Robertson, Franklin Square.
Edward T. Feller, Poughkeepsie.
Arthur M. Rauscher, Orangeburg.
Adolph Reimer, Amenia.
Roseoe Winship, Dover Plains.

George C. Brown, Mt. Morris.
Irving H. Scott, Orangeburg.
Frank W. Flanagan, New York City.
George J. Bellia, Middletown.
James H. Butler, Thiells.
Stanley H. Smith, Central Islip, L. I.
Francis P. Kelly, Orangeburg.
Joseph A. Sabine, Queens Village.
James Carroll, Yonkers.
Herbert H. Ryerson, Tappan.
Walter A. Shum, Jackson Heights.
Robert Y. Grevert, Wingdale.
Andrew T. Cummings, Buffalo.
Thomas Connolly, Poughkeepsie.
John M. Johnson, Rochester.
John J. McTiernan, Bellerose.
Joseph C. Wickes, Poughkeepsie.
Michael J. Devaney, Bellerose.
Richard J. Tetrault, Brentwood.
William H. Toussaint, Dannemora.
Willard E. Jones, Marcy.
Edgar H. Banner, Kings Park.
William J. Powers, Ozone Park.
Leon A. Corbett, Brentwood.
John F. Neary, Bellerose Manor, L. I.
Theodore J. Humenny, Thiells.
Robert H. McNutt, Astoria.
Maximilian B. Gurbaki, Buffalo.
Walter H. Burdick, Brooklyn.
Henry J. Kelley, Collins.
Warren J. Crumb, Whitesboro.
Herman A. Ludewig, Brentwood.
William F. Bowman, Helmuth.

Assistant Social Worker. List Established October 21, 1938

Marjorie S. Brulle, Rome.
Rhoda M. Starr, Rochester.
Edward M. Murphy, Troy.
Janet M. Johnston, Brooklyn.
Eleanor L. Gates, White Plains.
William A. Hill, Albany.

Lauretta Mac Townsend, Wingdale.
Catherine C. Meyering, Rochester.
Helen M. Glasner, New York City.
Helen E. Goddard, Kings Park.
Marie Bell, Central Islip.
Eleanor M. Timmerman, Newark.
Barbara J. Middendorf, Ward's Island.
Florence Jones, Kings Park.
Helene Frumkes, Sonyea.
Helen D. W. Pearson, Albany.
Madeline L. Graves, Syracuse.
Zilpha V. Rose, Brentwood.
James F. X. O'Connell, Fort Totten, L. I.
William Inglis, Jr., New York City.
Anne Marie Lee, Central Islip.
Frances A. Owens, Rochester.
Mary P. Hannigan, New York City.
Dorothy C. Hutchings, Allentown, Pa.
Robert Ray, Brooklyn.
Morris Salant, New York City.
Virginia H. Sifkoff, Brentwood.
Dolores I. Edell, Rochester.
Jerome Feldman, New York City.
Marjorie M. White, Rome.
Felicia A. Wasileska, Marcy.
Groviene M. Sheldon, Poughkeepsie.
Hazel G. Plan, Brooklyn.
Sylvia Trow, Brooklyn.
Winifred Lebovici, Brooklyn.
Martha S. Farrington, No. Chatham.

Senior Assistant Physician. Promotion. List Established November 18, 1938

Robert C. Hunt, Rochester.
Henry Brill, Brentwood.
Hamlin A. Starks, Orangeburg.
Oswald J. McKendree, Utica.
Gabriel Schein, Marcy.
Samuel C. Karlan, Dannemora.
Grace E. McLean, Brentwood.
Charles Kleiman, Marcy.
Christopher F. Terrence, Brooklyn.

Malwina T. Lemmle, Rochester.
Vincent T. Bonafede, SONYEA.
Duncan Whitehead, Utica.
Mary B. Holt, Brentwood.
Leon L. Willner, Beacon.
Francis J. O'Neill, Central Islip.
Mark Zeifert, Brooklyn.
Constance M. Barwise, Brentwood.
Robert A. Savitt, Queens Village.
David S. Evans, Brentwood.
Charles Greenberg, Wingdale.
Robert A. Wise, Rochester.
Peter Brikates, Brentwood.
James A. Taylor, Kings Park.
Edward J. Humphreys, Thiells.
Viola G. Huddart, Poughkeepsie.
James E. Rappa, Brooklyn.
Leo Wolfson, Poughkeepsie.
Norman R. Shulack, Wingdale.
Madelin R. Perry, SONYEA.
Herman B. Snow, Binghamton.
George W. T. Watts, Thiells.
Mario A. Di Giovanna, Orangeburg.

Occupational Therapist. List Established December 8, 1938

Ethel M. Myers, Rome.
Eleanor Schreyer, Brentwood.
Sadie L. Smith, Orangeburg.
Daisy E. Cunningham, Buffalo.
Robert L. Soper, Newark.
Lorraine R. Ahearn, Orangeburg.
Franklin J. Passer, Rome.
Francis V. Dedrick, Newark.
Teresa C. Masters, Buffalo.
Mary Parrish, Bronxville.
Katherine C. Shepard, Newark.
Nancy Lippincott, Brentwood.

BIBLIOGRAPHY OF OFFICERS

STATE HOSPITALS

BUFFALO

- Levin, H. L.: Occupational and recreational therapy among the ancients. Occupa. Ther. and Rehabil., XVII:5, October, 1938.
- : A guidance prescription unfilled. *Mental Hygiene News*, IX:3, November, 1938.
- : Abnormal mental types not admissible to New York State hospitals. Buffalo Acad. Med. Bull., XV:8, August, 1938.

CENTRAL ISLIP

- O'Neill, Francis J.: Serious complications of insulin shock therapy. PSYCHIAT. QUART., 12:3, 455-465, July, 1938.

HARLEM VALLEY

- Roszman, I. Murray, and Cline, William B., Jr.: Pharmacological shock treatment of chronic schizophrenia. Am. J. Psychiat., May, 1938.
- Pellens, Mildred: Electrocardiographic studies of patients receiving convulsant doses of metrazol in the treatment of schizophrenia. PSYCHIAT. QUART., 12:4, 722-724, October, 1938.

GOWANDA

- Gray, Earle V.: Mental hygiene, before Chautauqua County Masonic Council, Broeton, August 25.
- Some principles of mental hygiene, before Rotary Club of Fredonia, September 29.
- Mudge, Erwin H.: Emotional adjustments, Rotary Club of Westfield, November 8.
- Bohn, Ralph W.: Adding mental hygiene to the nursing program, Nursing Committee at South Dayton, October 19.
- Handling our emotional problems, before Cattaraugus County Public Health Nursing Committee at Salamanca, October 26.
- The American home, Allegany County Federation of Women's Clubs at Wellsville, October 27.
- Preserving the ideals of youth, parent-teachers' association of Little Valley, November 7.

Facts about mental hygiene, Phoenix Lodge 262, F. & A. M., Gowanda, November 16.

Marritt, Henry D.: The recognition of mental illness, Jamestown welfare department, June 15.

HUDSON RIVER

Notkin, John Y.: Statistical comparison between preinsulin and insulin eras, recoveries and improvements. *PSYCHIAT. QUART.*, 12:3, 432-443, July, 1938.

—: Security and dementia praecox. *Mental Hygiene News*, November, 1938.

Wolff, Solon C.: Child guidance work of a State Hospital. *Mental Hygiene News*, September, 1938.

Wolfson, Isaac N.: Heredity and mental disease. *Mental Hygiene News*, December, 1938.

KINGS PARK

Barahal, Hyman S.: Hand-waving. *Mental Hygiene News*, IX:3, November, 1938.

—: Testosterone in male involutional melancholia. *PSYCHIAT. QUART.*, 12:4, 743-749, October, 1938.

—: The mechanism underlying the low rectal temperature in hypoglycemia. *PSYCHIAT. QUART.*, 12:3, 514-527, July, 1938.

Milici, Pompeo, and Von Salzen, Charles: Situational schizophrenia. *PSYCHIAT. QUART.*, 12:4, 650-668, October, 1938.

MANHATTAN

Kuseh, Ernest: Observations on plasmodium knowlesi malaria in general paralysis. (In collab. with Dr. D. T. Milam.) *South. Med. Jour.*, August, 1938.

Hoch, Paul: Neurological observations in hypoglycemia states. *PSYCHIAT. QUART.*, 12:4, 690-698, October, 1938.

PILGRIM

Brussel, James A.: Charles Dickens—Child psychologist and sociologist. *PSYCHIAT. QUART. SUPPL.*, 12:2, 163-174, July, 1938.

ROCHESTER

Pollack, Benjamin: Etiological factors in suicides. *Medical Times, Long Island Med. Jour. and Western Times*, 66:9, 421-5, September, 1938.

- : Aims and ideals of occupational therapy in a state hospital. *Jour. of Occupa. Ther. and Rehabil.*, 17:15, 291-300, October, 1938.
- Hunt, Robert C., Feldman, Harold, Fiero, Rollin P.: Spontaneous remissions in dementia praecox. *PSYCHIAT. QUART.*, 12:3, 414-425, July, 1938.
- Feldman, Harold, Fiero, Rollin P., and Hunt, Robert C.: Influence of insulin treatment upon schizoid personality traits. *PSYCHIAT. QUART.*, 12:4, 710-715, October, 1938.

ROCKLAND

Clardy, Ed Rucker: Description of the Rockland State Hospital children's group with cases illustrative of types treated. *Jour. of Nerv. and Ment. Dis.*, 87:4, 493-500, April, 1938.

UTICA

Whitehead, Duncan: Improvement and recovery rates in dementia praecox without insulin therapy. *PSYCHIAT. QUART.*, 12:3, 409-413, July, 1938.

SYRACUSE PSYCHOPATHIC

Davidoff, Eugene, and Noetzel, Elinor S.: The function of the mental hygiene clinic in regard to juvenile conduct disorders. II. *PSYCHIAT. QUART. SUPPL.*, 12:2, 189-200, July, 1938.

The following, covering January 1-June 30, 1938, were not reported in the previous issue:

- Davidoff, Eugenie: The function of the mental hygiene clinic in regard to juvenile conduct disorders. I. *PSYCHIAT. QUART. SUPPL.*, 12:1, 51-63, January, 1938.*
- : The use of hydrotherapy in the child guidance clinic. *Mental Hygiene News*, March, 1938.
- : Psychotherapy in neurotic patients with somatic disease. *PSYCHIAT. QUART.*, 12:2, 351-365, April, 1938.
- : A method of studying some of the physiologic actions of Benzedrine Sulfate. *Jour. of Lab. and Clin. Med.*, 23:7, 700-711, April, 1938.**
- : The treatment of alcoholics psychoses with Benzedrine Sulfate. *Jour. of the A. M. A.*, 110, 1811-1812, May, 1938.**
- : Intravenous Benzedrine Sulfate as an antagonist to intravenous soluble amyta. *Proc. of the Soc. for Exper. Biol. and Med.*, 38, 181-184, 1938.**

*In collaboration with Elinor S. Noetzel.

**In collaboration with Edward C. Reifenstein, Jr.

STATE INSTITUTIONS**LETCHWORTH VILLAGE**

- Humphreys, Edward J.: The field of psychiatry in relation to the work of the state school. Proc. of the Amer. Assoc. on Ment. Def., 53:1, 80-89, 1938.
- : Present-day research trends in the field of human deficiency. Jour. of Nerv. and Ment. Dis., 88:4, 1938.
- : What kind of school is the State school? *Mental Hygiene News*, IX:2, 1938.
- Kinder, Elaine F.: An experiment in training of interne psychologists in a state institution. Proc. of the Amer. Assoc., on Ment. Defic., 43:1, 108-114, 1938.
- : Review of the Vineland Social Maturity Scale. In *Mental Measurements Yearbook*, pp. 148-149, 1938.
- Hamlin, Roy: Test pattern of high grade mentally defective girls. Proc. of the Amer. Assoc., on Ment. Defic., 43:1, 161-165, 1938.
- : Test pattern of mental defectives skilled in weaving. Jour. of Appl. Psychol., XXII:4, 385-389, 1938.
- Lathrop, Bennett M.: Oral deficiency and dental care of the state school patient. Proc. of the Amer. Assoc. on Ment. Defic., 43:1, 122-127, 1938.
- Jervis, George A.: Metabolic investigations in phenylpyruvic oligophrenia. Jour. of Biol. Chem., 126:1, 305, 1938.

ADMINISTRATIVE OFFICES

- Pollock, Horatio M.: Statistical review of occupational therapy in New York civil State hospitals, Newark State School and Craig Colony, 1937. PSYCHIAT. QUART. SUPPL., 12:2, 219-235, July, 1938.
- Malzberg, Benjamin: Outcome of insulin treatment of 1,000 patients with dementia praecox. PSYCHIAT. QUART., 12:3, 528-553, July, 1938.
- : Marriage rates among patients with mental disease. Mental Hygiene (quarterly), October, 1938.

ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

STATE HOSPITALS

BINGHAMTON

Hurdum, Herman M.: Family influence on the development of personality. To parent-teachers' association, Alexander-Hamilton School, Binghamton, November 5.

BUFFALO

Levin, H. L.: Activities of a State hospital. To theological students, Buffalo City Hospital, July 21.
school nurses, October 14.

Clinical demonstrations of organic and psychogenic psychoses. To psychology and sociology classes of University of Buffalo and State Teachers' College, July 23 and 30.

Psychiatric factors in physical diseases. To Maimonides Club, October 3.
Mental hygiene and the school nurse. To Buffalo department of health.
Mental hygiene for the Jew. To Y. M. H. A., Buffalo, October 30.
Mental hygiene in everyday life. To Temple Beth El Forum, November 14.

The psychiatrist looks at marriage. To Couples' Club, First Unitarian church, December 6.

Faver, H. E.: Psychiatric factors in surgery. To Maimonides Club, October 3.

Ruslander, David: Comparative study of insulin and metrazol at Buffalo State Hospital. To joint meeting, Buffalo-Cleveland-Pittsburgh Neurological societies, Cambridge Springs, Pa., October 15.

Yost, Murray A.: Mental hygiene from a State hospital point of view.
To Temple Beth El Women's Society, September 13.

CENTRAL ISLIP

Otchin, Charles: Mental disorders—incidence, symptoms and treatment.
Discussion following clinic, during which various types of mental illness were shown to a group of teachers from the New York City education department, who are taking a course in mental hygiene, November 5.

Mental disorders. Talk followed by clinic for members of class in mental hygiene from Rand School of Social Science, November 19.

Mental health and emotional adjustments in pupils. Talk at the East Islip Union School, East Islip, L. I., before the faculty of the school, December 6.

CREEDMOOR

Gregory, Hugh S.: Address on the prevention of mental disease. To the Young People's Society of the Grace Lutheran church, Queens Village, November 4.

Buckman, Charles: Lecture on general administration and methods of admission. To a group of 50 students from Adelphi College, July 27.

Lecture and demonstration on organic psychiatric disorders. To a group of 50 students of psychology of New York University, December 3.

Bennett, Jesse L.: Lecture and demonstration on organic diseases. To a group of 50 students from Adelphi College, July 25.

Savitt, Robert A.: Some complications in insulin and metrazol therapy. Read at Quarterly Conference at Creedmoor, September 17.

Gray, Nelson M.: Lecture and demonstration on functional diseases. To a group of 50 students from Adelphi College, July 27.

Discussions: Sterilization, an asset or a liability on future generations? To nurse association of Brooklyn and Long Island at Brooklyn State Hospital, October 19.

Lecture and demonstration on functional diseases. To a group of 50 students of psychology of New York University, December 3.

Cooper, Josephine V.: Discussion: Sterilization, an asset or a liability on future generations? To nurse association of Brooklyn and Long Island at Brooklyn State Hospital, October 19.

GOWANDA

Mudge, Erwin H.: How to use your State hospital. Bull. Med. Soc., County of Erie and Buffalo Acad. Med., Vol. 15, No. 8.

Bohn, Ralph W.: Every physician a psychiatrist. Same issue as above reference.

Tomlinson, Paul J.: Early diagnosis and treatment of neurosyphilis. Same issue as above reference.

Metcalfe, Grant E.: Psychiatric manifestations in somatic illness. Jour. Amer. Inst. of Homeop., XXXI:12, 721-725, December, 1938.

144 ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

HARLEM VALLEY

Hutchings, Richard H., Jr.: Mental hygiene pertaining to safety. Talk before the safety council, New York Central Railroad, Harmon, November 1.

HUDSON RIVER

Kelleher, James P.: Mental illness. Lecture with case presentations of a number of types of mental disorders, to students from department of sociology of Vassar College, at Hudson River State Hospital, December 5.

Notkin, John Y.: Endocrine treatment of dementia praecox and involution melancholia. Lecture delivered during the interdepartmental course of endocrinology given by New York Post-Graduate Medical School, Columbia University, October 7.

Wolff, Solon C.: Mental hygiene aspects of nonattendance of school children. Talk given to Dutchess County Association of Attendance and Child Adjustment Workers, Morse School, Poughkeepsie, November 2.

Functions of State hospital and description of mental illness illustrated by cases. Group of lectures given to teachers of Arlington High School and grade schools at Hudson River State Hospital, November 10 and 17.

Home responsibilities in child training. Talk given at Francis W. Pennington Home and School Association, Mt. Vernon, December 12.

History of mental hygiene and its relation to other fields." Also topic on Personality begun and to be continued at Arlington High School to teachers of that district, starting December 15.

Carpenter, Howard P.: Sudden and suspicious deaths. Address given to men's club, Reformed church, Beacon, November 15.

Wolfson, Isaac N.: Mental health. Address given to Brotherhood of Temple Beth El, November 14.

KINGS PARK

Steen, Patricia: Some essentials of a guidance program for schools. At a meeting of the Huntington council of the parent-teacher association, Huntington, October 18.

Mental health in childhood. At a meeting of the parent-teacher association, Greenlawn, December 6.

Haley, Joseph: Mental health in childhood. At a meeting of the parent-teacher association at the Franklin Avenue School, Hempstead, on September 19.

Organizing for a child guidance clinic and Survey of mental hygiene needs of Nassau County. At the Hempstead High School, Hempstead, October 11.

Wolberg, Lewis R.: Phantasy as a compromise mechanism in the solution of conflict. Before the psychology club, Brooklyn College, Brooklyn, November 18.

Matthews, A. C.: What the hospital means to local business. At a meeting of the Lions Club, Smithtown, October 4.

MANHATTAN

Phillips, Arthur M.: Lectured with clinical demonstrations of psychiatric cases to a group of students of Columbia University. This course was begun in July and continued for a period of six weeks.

Lectured with clinical demonstrations of psychiatric cases to a group of third-year students of Cornell Medical College. This course started on December 23 and will continue for three months, once weekly.

Stein, Nobe E.: Lectured with clinical demonstrations of manic-depressive psychoses and schizophrenia to 40 students of New York University, June 15.

Bryan, Elizabeth L.: Lectured with clinical demonstrations of psychiatric cases to a group of 20 students of Upsala College, Orange, N. J., November 12.

Kusch, Ernest: Lectured with clinical demonstrations of psychiatric cases to a group of 80 students in abnormal psychology of the College of the City of New York, November 14.

Levine, Matthew: Lectured with clinical demonstrations on the major psychoses to a group of students of the department of psychology, College of the City of New York, August 6.

Lectured to a group of 25 from the Brooklyn Teachers' Association on the major psychoses, October 29.

Hoch, Paul: Lectured with clinical demonstrations of the organic and functional psychoses to a group of 75 students of the department of psychology, New York University, July 20 and 27.

146 ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

Lectured with clinical demonstrations of psychiatric cases to a group of 75 students of the department of psychology, New York University, August 6.

Progress in psychiatry. Before the American-Hungarian Medical Association, November 14.

Lectured with clinical demonstrations on insulin and metrazol treatment to 8 students, fourth year, medical, of Cornell University Medical College, December 21.

MARCY

Wright, William W.: Some sidelights of mental reactions. Before Association of Protestant Ministers of Utica, November 28.

Bisgrove, S. W.: Treatment of patients in State hospitals. To the Rotary Club, Oneida, December 9.

Gronlund, Anna A.: The psychoses. Lecture and clinic to Syracuse University students of abnormal psychology class, July 29.

Mental hygiene. To Canastota High School students, October 14.

Bryan, L. Laramour: The insulin shock treatment of dementia praecox. Paper read at a meeting of the Syracuse and Utica academies of medicine at Teugega Country Club, Rome, September 22.

MIDDLETOWN

Unger, Max: Child guidance clinics. Lecture to Orange County Citizens Welfare Committee of State Charities Aid Association, September 19.

Child adjustment through mental health. Lecture at Sullivan County School Conference, October 17.

Child guidance in special class instruction. Lecture to special class teachers of Orange County, November 14.

Helping the child and parent through child guidance. Lecture to the School of Religion of Port Jervis, November 23.

PILGRIM

Worthing, Harry J.: Your hospital and mine. Talk before Bay Shore Rotary Club, July 19.

ROCHESTER

Veeder, Willard H.: Mental problems. Talk before parent teachers, School 49, October 20.

Mental disease and hospitals. Lectures to sociology group of Nazareth College and Edison Tech, December 5 and 9, respectively.

English, William H.: The relationship of endocrinology to psychiatry.
Talk to theological students of Rochester Divinity School, August 5.

ROCKLAND

Kilpatrick, O. Arnold: Understanding the adolescent. Address before the parent-teacher association of Nanuet, January 16.

Your mental hygiene clinic. Address before the medical and surgical staff of the Nyack Hospital, September 9.

Mental hygiene for the physically handicapped. Address before the State Teachers' Convention, southern zone, section on physical education, Binghamton, October 7.

Munn, Charlotte: Education in democratic patterns of living. Address before the Quaker Ridge Parent-Teacher Association, Scarsdale, September 26.

Cooperation of the home in establishing good attitude and behavior. Address before the parent-teacher association of Yonkers, November 10.

The child's need of a normal mother. Address before the parent-teacher association, Upper Nyack, December 7.

What defeatist psychology of the past eight years is doing to the young people of America. Address before the young people of the Grace Church of England, Nyack, December 30.

Clardy, Ed Rueker: Child guidance with case presentations. Address before the Committee on Mental Hygiene and Psychiatric Nursing of the New York State League of Nursing Education, at the Rockland State Hospital, April 6.

Child guidance in Rockland County schools. Address before the parent-teacher association of Tappan, May 6.

The function of the school nurse in the mental hygiene program. Address before the Westchester County School Nurse Teacher Association of Tarrytown, May 17.

The growth of child guidance and the part played by the Rockland State Hospital children's group. Address before the organization of Rockland County school principals at the Rockland State Hospital, June 1.

Primary behavior disorders in children and treatment in the Rockland State Hospital children's group. A case report given before a joint meeting of representatives from Warwick State Training School for Boys; Letchworth Village; Children's Village, Dobbs Ferry, and Rockland State Hospital, at the Rockland State Hospital, October 28.

148 ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

School organization and school service to care for maladjustments. Address before the annual meeting of the Rockland County school principals, school nurses and attendance officers at the Villa Lafayette, Spring Valley, October 19.

Osborne, Raymond L.: The function of a child guidance clinic in the county school system. Address before the teachers of the Suffern school, October 6.

ST. LAWRENCE

Berman, Harold H.: The psychiatric significance of supervised recreation. Talk before the Common Council of Ogdensburg, on November 2.

Functional psychoses. Lecture to students of Prof. Charles M. Rebert's class in abnormal psychology of the St. Lawrence University, Canton, and students of the extension course of St. Lawrence University from Lake Placid, at the St. Lawrence State Hospital on November 29.

Carson, William R.: Interesting X-rays from State hospital files. Presentation and talk before the Ogdensburg Medical Society, Hotel Crescent, Ogdensburg, November 9.

Problems of the preschool child. Paper read before the Newman Literary Club, Ogdensburg, November 21.

Organic psychoses. Lecture to students of Prof. Charles M. Rebert's class in abnormal psychology of the St. Lawrence University, Canton, and students of the extension course of St. Lawrence University from Lake Placid, at the St. Lawrence State Hospital on November 29.

Brown, James E.: Description of the commoner psychoses. Organic diseases of the central nervous system in children accompanied by mental symptoms. Discussion of mental deficiency from the point of view of etiology and classification. Above talks given before the psychiatric and child guidance study group of Malone, on October 13, November 10 and December 15, respectively.

Feinstein, Samuel: Psychiatric aspects of the convalescent. Address before the members of the New York State Nurses' Association, District 6, Incorporated, at the St. Lawrence State Hospital, July 6.

O'Connor, Maurice J.: Mental hygiene. Address before members of the Rotary Club, Ogdensburg, September 1.

The community and the mental hygiene movement. Address to the members of the Kiwanis Club, Ogdensburg, September 6.

Mintzer, Harry: Dental foci of infection in relation to mental diseases.
Paper read at a meeting of the St. Lawrence County Dental Association, held at the Elks Club, Ogdensburg, September 12.

UTICA

Bigelow, Newton J. T.: The problem of mental disease. Address before Utica Post, American Legion, November 3.

Truancy from the psychiatrist's point of view. Address at the county conference of attendance and child adjustment workers, Rome, November 4.

Mental adjustment in business and social life. Address to the Business and Professional Women's Club, Hotel Utica, Utica, November 7.

The emotional life. Address to the men's club of the Church of the Reconciliation, Utica, November 15.

Gosline, Anna J.: Understanding ourselves as parents. Address to the parent-teacher association of Kemble School, Utica, November 22.

Health needs of today. Address to the parent-teacher association of Kemble School, Utica, December 14.

McKendree, Oswald J.: The insulin treatment of dementia praecox. Address to the Exchange Club, Hotel Utica, Utica, August 12.

The newer psychiatric treatments. Address to the Community Club at Fort Plain, December 12.

Kirkpatrick, Mabel: Mental hygiene program in the community. Address to the public health nursing committee, Amsterdam, September 27.

Mental hygiene and public health nursing. Address to the students in public health nursing of Fulton and Montgomery counties, at the Health Center, Fort Plain, November 3.

The annual meeting of the Oneida County Mental Hygiene Committee was held on September 27 at Hotel Utica. Dr. Clarence M. Hincks, medical director of the Canadian and National Mental Hygiene committees, spoke on the topic: Adult education from a mental hygiene point of view. Miss Eva M. Schied, chief social worker of the hospital, had charge of the arrangements for this meeting.

Miss Eva M. Schied, chief social worker, also arranged for the dedicatory exercises of Hutchings Hall on October 5, and for the series of lectures entitled The attainment of social security within the personality. The series was comprised of the following lectures:

- Home and family life. By Arthur H. Ruggles, M. D., Providence, R. I.
Education. By Frank J. O'Brien, M. D., New York City.
Economic Factors Influencing the Personality. By James S. Plant, M. D., Newark, N. J.
Religion. By Rev. Thomas V. Moore, M. D., Washington, D. C.
Order—Disorder. By Eugen Kahn, M. D., Yale University.
The Wholesome Personality. By Karl Menninger, M. D., Topeka, Kan.

SYRACUSE PSYCHOPATHIC

- Steckel, Harry A.: Foundations of mental hygiene. Wholesome marital adjustments. Mental hygiene aspects of parental guidance. Addresses to the young married couples' group of the First Methodist church, University of Youth, Syracuse, October 9, 16 and 23.
- Purposes of the Syracuse Psychopathic Hospital. Informal talk to the student nurses of Crouse-Irving Hospital, Syracuse, October 20.
- History of the mental hygiene movement. Paper read before the Thursday Night (medical) Club, Syracuse, November 3.
- Duties of the consulting psychiatrist in a division surgeon's headquarters. Paper read before a meeting of the Medical Reserve Officers of Syracuse, December 15.
- Davidoff, Eugene: Mental hygiene aspects of pregnancy. Lecture to student nurses at Memorial Hospital, Syracuse, August 22.
- General and specific mental hygiene aspects of preparing children for school. Two talks given over radio station WSYR, Syracuse, August 22 and 29.
- Psychiatric aspects of the treatment of cryptorchidism. Play techniques. Two talks before Onondaga County Medical Society, Syracuse Psychopathic Hospital, October 4.
- Child guidance. Talk before welfare workers of Oneida County at Shore Acres, Cazenovia, October 7.
- What should be done for the delinquent child by the child guidance center. Address given before the New York State Conference on Social Work, Hotel Syracuse, October 20.
- Child guidance. Talk before group in the department of early childhood and parent education, Syracuse Public Library, November 10.
- Mental aspects of obstetrical patients. Lecture before nurses at Memorial Hospital, Syracuse, November 10.
- Everyday psychology. Talk before Aloha Club of the Y. W. C. A., Syracuse, November 16.

STATE INSTITUTIONS

LETCHWORTH VILLAGE

Humphreys, Edward J.: The ministry in relation to the field of child development. New Jersey Baptist Ministerial Conference, Peddie Institute, Hightstown, N. J., July 5.

The work of Letchworth Village and the field of mental deficiency. Park Ridge Rotary Club, Park Ridge, N. J., October 7.

Institutional and community responsibilities toward mental defectives. New York City Social Agencies, Bellevue Hospital, New York City, November 18.

Informal discussion on The field of mental deficiency. Neuropsychiatric Forum, Brooklyn State Hospital, December 19.

Kinder, Elaine F.: Followup study of the social adjustment of one hundred delinquent girls. Read at meeting of the American Association for the Advancement of Science, Richmond, Va., December, 1938.

Member, panel discussion: The work and training of psychologists in state hospitals. Annual meeting of the American Association of Applied Psychology, Columbus, Ohio, September, 1938.

Member, symposium: The work of psychologists in institutions and child guidance clinics. Discussion on psychological work in institutions for the feeble-minded. Annual meeting of the American Association of Applied Psychology, Columbus, Ohio, September, 1938.

Humphreys, Edward J., Jervis, George A., and Kinder, Elaine F.: Special clinic in mental deficiency given to the New York Society of Clinical Psychiatry, October 13.

NEWARK STATE SCHOOL

Hoeffler, J. C.: Clinical demonstration to students attending summer school at Geneseo Normal, Geneseo, July 21.

Lyons, William: A clinic in speech correction to a group of teachers attending summer school at Geneseo Normal, Geneseo, July 14.

Sydoriak, Ann: A day with a spastic child at the Newark State School. Talking demonstration, illustrated by colored motion pictures, before the Girls' Business Club, Newark, December 13.

SYRACUSE STATE SCHOOL

Deren, S. D.: Mental hygiene (mental and social adjustment). Summer session—a six-week course given to 42 students (special class teachers, public health nurses, social workers, students in psychology and others), July 5 to August 12.

The feeble-minded child. Lecture to student nurses of the Memorial Hospital, September 29.

Social control of mentally defective. Lecture to students of sociology department, Cornell University, November 10.

Psychology of the mentally deficient. Group of four lectures given to students of child and adolescent psychology of the department of education, Syracuse University, November 15, 16, 17 and 18.

Bickle, E. H.: Preparole training of Syracuse State School boys and girls. At the New York State Social Workers' Conference, Newark, September.

WASSAIC STATE SCHOOL

Pense, Arthur W.: Clinical demonstrations with lectures to the following groups at this institution, on dates indicated: mental deficiency: Harlem Valley State Hospital Nurses' Training School, August 30 and December 5; Sociology Club of College of New Rochelle, October 21; Vassar College students, November 28.

Tower, Louise F.: Mental deficiency. An informal talk to the Coterie Club of Amenia, on October 19.

NEWS AND COMMENT

—The thirty-fifth annual congress on medical education and licensure will be held February 13 and 14, 1939, at the Palmer House in Chicago. An interesting program has been announced, including a symposium on the small hospital. Clarence M. Hineks, M. D., general director of the National Committee for Mental Hygiene, will present a paper. The Federation of State Medical Boards will have its dinner meeting the evening of the first day. Numbered among the educators who will address the group, are Ray Lyman Wilbur, M. D. LL.D., James B. Conant, Ph.D., and Robert Maynard Hutchins, LL.D.

—Dr. Hugh Talbot Patrick, eminent neurologist, died in Chicago, January 5, of carcinoma of the stomach. He was 78 years old. Dr. Patrick was a delegate to the American Medical Association from its section on nervous and mental diseases in 1919-1920. He had previously served as secretary of the section on neurology and medical jurisprudence from 1897 to 1899 and as chairman from 1899 to 1900. He will be remembered also as one of the founders of the Archives of Neurology and Psychiatry, of which journal he was the first editor. The November, 1936, issue of that publication was dedicated to him and contained notes of appreciation by prominent colleagues.

—The Medical Society of St. Elizabeths Hospital will hold its second annual meeting in Washington, D. C., on April 14, 1939. Members of the society will be luncheon guests of Dr. Winfred Overholser, superintendent, on that date. The afternoon will be devoted to the presentation of papers describing research interests of members of the society; in the evening, there will be a dinner at a Washington hotel. Dr. C. Macfie Campbell, director of the Boston Psychopathic Hospital and professor of psychiatry at the Harvard Medical School, and Dr. Riley H. Guthrie, newly-appointed first assistant physician at St. Elizabeths Hospital, will be guests of the society. The chairman of arrangements is Dr. S. Katzenelbogen, St. Elizabeths Hospital, Washington, D. C., from whom further details may be obtained.

**GENERAL STATISTICAL INFORMATION RELATING TO STATE
HOSPITALS, STATE SCHOOLS AND CRAIG COLONY**

CENSUS OF JANUARY 1, 1939

Patient population:

Civil State hospitals:

In hospitals	67,640
In family care	568
On parole.....	6,609
	<hr/> 74,817

Dannemora and Matteawan	2,483
Private licensed institutions for mental disease	4,733

Institutions for mental defectives:

In institutions proper	12,744
In colonies	1,713
In family care	320
On parole	1,710
	<hr/> 16,487

Licensed institutions for mental defectives	435
Institutions for defective delinquents	2,118
Craig Colony for epileptics	2,531

Total	103,604
Certified capacity of civil State hospitals	60,393
Certified capacity of Dannemora and Matteawan	1,791
Certified capacity of institutions for mental defectives	11,495
Certified capacity of Craig Colony for epileptics	1,990
Medical officers in civil State hospitals	419
Medical officers in Dannemora and Matteawan.....	15
Medical officers in institutions for mental defectives	48
Medical officers in Craig Colony for epileptics	12
Employees in civil State hospitals	16,043
Employees in Dannemora and Matteawan	835
Employees in institutions for mental defectives	2,871
Employees in Craig Colony for epileptics	492

GENERAL STATISTICAL INFORMATION

MOVEMENT OF EMPLOYEES IN THE CIVIL STATE HOSPITALS DURING THE SIX MONTHS ENDED DECEMBER 31, 1938

*Excluding Psychiatric Institute and Hospital and Syracuse Psychopathic Hospital.

GENERAL STATISTICAL INFORMATION

MOVEMENT OF PATIENTS IN THE CIVIL STATE HOSPITALS DURING THE SIX MONTHS ENDED DECEMBER 31, 1938, AS REPORTED BY SUPERINTENDENTS, AND STATEMENT OF CAPACITY AND OVERCROWDING, DECEMBER 31, 1938

STATE HOSPITALS	ADMISSIONS						DISCHARGES						OVERCROWDING					
	Census, July 1, 1938			First admissions			Transfers			Total			Certified capacity			Number		
	Total	Transfers	Readmissions	Total	Recovered	Unimproved	Total	Not insane	Transferred	Total	Deaf	Blind	Census, Dec. 31, 1938	Total	Per cent	Total	Census, Dec. 31, 1938	Per cent
Binghamton.....	3,080	199	52	5	256	71	41	40	13	3	94	5	267	3,069	2,391	358	15.0	
Brooklyn.....	2,778	1,053	250	5	1,308	186	96	93	28	..	296	26	725	3,361	2,203	481	21.8	
Buffalo.....	2,461	219	55	7	281	49	61	34	10	1	97	9	261	2,481	1,942	237	12.2	
Central Islip.....	7,141	662	201	7	870	133	138	46	41	8	192	23	581	7,430	5,712	1,226	21.5	
Creedmoor.....	4,820	376	91	16	483	134	47	32	16	..	141	30	400	4,903	3,504	878	25.1	
Gowanda.....	2,392	172	45	9	226	56	19	24	9	7	83	8	206	2,412	2,228	-136	..	
Harlem Valley....	4,702	184	44	13	241	42	35	16	15	2	129	9	248	4,675	3,972	376	9.5	
Hudson River.....	4,668	233	108	15	356	63	53	32	17	13	147	6	331	4,693	4,014	397	9.9	
Kings Park.....	5,971	249	137	57	443	74	109	48	21	3	122	172	549	5,865	4,984	371	7.4	
Manhattan.....	4,147	596	81	..	677	322	95	64	30	1	324	12	848	3,976	3,370	..	..
Marcy.....	2,660	243	55	12	310	48	46	34	15	16	108	7	274	2,696	2,140	293	13.7	
Middletown.....	3,565	130	47	14	191	29	35	29	17	..	84	5	199	3,557	2,780	441	15.9	
Pilgrim.....	8,549	504	101	20	625	84	89	48	28	2	252	40	543	8,631	7,831	470	6.0	
Psy. Inst. and Hosp.	224	125	21	..	146	30	28	35	29	14	..	10	136	2,334	210	-54	..	
Rochester.....	3,335	241	54	4	299	48	45	21	9	8	147	10	288	3,346	2,750	366	13.3	
Rockland.....	5,567	783	197	6	986	112	117	70	29	7	199	37	571	5,982	4,700	472	10.0	
St. Lawrence.....	2,286	154	35	2	191	53	6	7	8	3	78	7	162	2,315	1,721	401	23.3	
Syracuse Psy. Hosp.	54	276	71	..	347	58	26	34	34	82	8	119†	361	40	60	-21	..	
Utica.....	2,005	233	56	1	290	52	43	34	10	25	76	11	251	2,044	1,336	353	26.4	
Willard.....	3,114	148	33	3	184	28	41	15	8	1	108	10	211	3,087	2,543	338	13.3	
Total	73,519	6,780	1,734	196	8,710	1,672	1,170	756	378	196	2,881	546	7,412	74,817	60,393	7,322*	12.2*	

*Excluding Psychiatric Institute and Hospital and Syracuse Psychopathic Hospital. †Committed to other institutions.

**MOVEMENT OF EMPLOYEES IN THE STATE INSTITUTIONS FOR MENTAL DEFECTIVES AND EPILEPTICS DURING THE SIX MONTHS
ENDED DECEMBER 31, 1928**

MOVEMENT OF PATIENTS IN THE STATE INSTITUTIONS FOR MENTAL DEFECTIVES AND EPILEPTICS DURING THE SIX MONTHS ENDED DECEMBER 31, 1938, AS REPORTED BY SUPERINTENDENTS AND STATEMENT OF CAPACITY AND OVERCROWDING ON DECEMBER 31, 1938

STATE INSTITUTIONS	ADMISSIONS						DISCHARGES						OVERCROWDING IN INSTITUTIONS				
	Census, July 1, 1938			Transfers			Total			Transferred			Certified capacity	Number	Per cent		
	First admissions	Readmissions	Total	Improved	Unimproved	Not epileptic	Died	Transferred	Not mentally defective	Not epileptic	Transferred	Not epileptic	Census, Dec. 31, 1938				
State Schools for Mental Defectives																	
Letchworth Village.....	4,044	171	33	1	205	97	45	2	..	19	2	165	4,084	3,120	563	18.0	
Newark	2,838	121	10	..	131	35	31	..	..	13	..	79	2,889	1,874	200	10.7
Rome	3,620	102	18	2	122	26	23	..	..	25	..	74	3,668	2,280	-38	... ...
Syracuse	1,436	46	1	13	60	48	1	..	..	3	1	53	1,443	677	-41	... ...
Wassaic	4,312	234	20	4	258	99	21	..	..	32	15	167	4,403	3,544	565	15.9
Total	16,250	674	82	20	776	305	121	2	..	92	18	558	16,487	11,495	1,249	10.9	
Craig Colony for Epileptics	2,521	134	13	..	147	40	57	1	39	..	137	2,531	1,990	281	14.1

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THE PSYCHIATRIC QUARTERLY SUPPLEMENT

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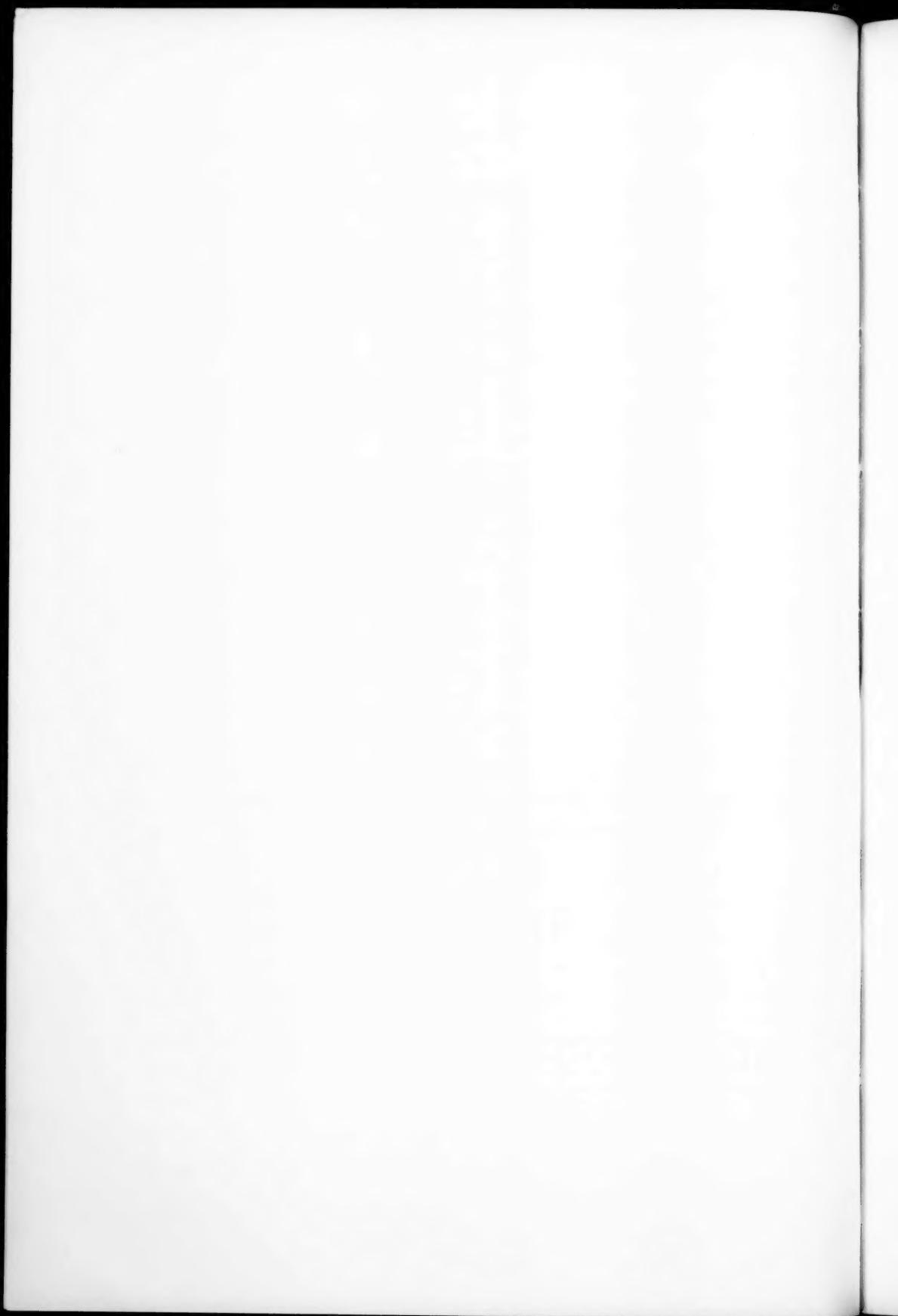
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TABLE OF CONTENTS

	PAGE
Treatment and Training of Mental Defectives. By Jacob Sirkin, M. D.....	165
The Little Red Schoolhouse at Kings Park State Hospital. By Ger- trude Vink.....	171
Summary of Reports of Surveys of Schools of Nursing in the State Hospitals, March, 1938. By Harriet Bailey, R. N.....	175
The Function of the Mental Hygiene Clinic with Regard to Juvenile Conduct Disorders. By Eugene Davidoff, M. D., and Elinor S. Noetzel	181
Statistical Review of Occupational Therapy in New York Civil State Hospitals, Newark State School and Craig Colony, 1938. By Horatio M. Pollock and Gertrude M. Mack.....	196
Summary of Legislation of 1939 of Interest to the Department of Mental Hygiene. By Lewis M. Farrington.....	209
Minutes of the Quarterly Conference.....	224
Report of Committee on Home and Community Care of Institu- tion Patients.....	236
Report of Committee on Uniforms.....	239
Memorial to Thomas Hill Munro.....	242
News of the State Institutions for the Half-Year Period from January 1 to June 30, 1939.....	244
Noteworthy Occurrences.....	252
Changes in Personnel in the Medical Service.....	269

TABLE OF CONTENTS

Civil Service Eligible Lists for Positions in the Department of Mental Hygiene.....	271
Bibliography of Officers.....	272
Addresses, Lectures, Special Educational Activities.....	277
News and Comment.....	308
General Statistical Information.....	309
Index to Vol. XIII.....	314

TREATMENT AND TRAINING OF MENTAL DEFECTIVES

BY JACOB SIRKIN, M. D.

The mental defective has always been a problem in relation to his care and treatment. Until about one hundred years ago almost nothing constructive was done for him. In olden times he was persecuted, derided and made sport of for the entertainment of the so-called normal people who came in contact with him. He was looked upon as "queer" and was shunned except to be used to the advantage of more clever individuals or as the butt of practical jokes. Little if anything was known in regard to etiology, classification and treatment of mental deficiency, and virtually nothing was done to relieve the defective individual and society of the problem created by his presencee.

At about the beginning of the nineteenth century, interest was aroused by the work of men in various European countries. Outstanding among these was Séguin, who, in 1837, instituted in France the practice of segregation of defectives in order to care for and treat them in a better fashion. Following his experience, asylums were opened in England, Switzerland, and Germany, and attempts were made to teach defectives. Shortly thereafter, through the efforts of Samuel G. Howe of Boston, attention was directed in this country to the possibility of teaching mental defectives. Finally, in 1851, the first building in America for the specific purpose of treating defectives was erected in Syracuse, under the direction of Dr. Wilbur.

After the start made by these pioneers and others, institutions for defectives began to spring up throughout the country. At first they were little more than asylums, but as more was learned about mental deficiency, they became schools where the higher grades of defectives, at least, could be taught to do work which would make them self-supporting, and treatment was carried out to make them as little a burden upon society as possible.

Superficially the idea of satisfactorily treating mental defectives may seem a bit hopeless, since intellects which are low in mental capacity either due to hereditary or organic factors cannot be raised above their physiological limit. But, if treatment is directed at the utilization of the mental and physical material at hand, a certain amount of success may be achieved. It is possible, with cooperation by the patient, to develop the mental capacity to its highest limit. In a great number of instances, the patient may be trained to be self-supporting or may be treated both mentally and physically and placed in a suitable environment, so that he becomes little or no community problem.

If we follow the precepts of Leo Kanner, in his book "Child Psychiatry," we can understand the situation somewhat more clearly. Kanner uses the term "intellectually inadequate," instead of "mentally defective." He feels that mental deficiency is a relative state; an individual who is mentally deficient (or intellectually inadequate) in relation to a given milieu may not be mentally deficient in relation to another. In other words, if an individual is adequate intellectually to cope with a given environment, he is not defective *in relation to that environment*. He cites the example of a girl with an I. Q. of 80 who would be intellectually inadequate (and therefore deficient mentally) to hold a professorship of economics, yet would be intellectually capable of being a clerk in a five and ten-cent store. To elaborate: should a person of given intellect be placed in a situation which is too complicated for his mental capacity, a conflict arises. The individual is under the strain of having to attempt the impossible, and troublesome behavior often results. This is true whether the person is defective, normal or above normal. If the individual is intellectually adequate to his environment he will ordinarily have little trouble in adjusting, but if intellectually inadequate, may have much difficulty.

Kanner's terminology simplifies the understanding of the mental defective, and fits in very well with the ideas underlying the treatment of these individuals. Thus, in treating a defective person so that he may adjust to the outside world we must have in mind the idea of taking someone who is mentally or physically inadequate to his surroundings, training him, and placing him under conditions to which he may adjust. To this end, at the Newark State School we have a definite program for treating and training patients.

When a patient is admitted he is closely observed for a period of about one month. During this time his previous history is investigated, and the reason for admission determined. Physical and mental examinations, psychological tests, and school tests, if the patient is of school age, are given. Behavior on the ward is carefully noted and adaptability to others is observed. Then, after appearance at a staff meeting, at which time the case is discussed by the physicians and heads of departments, the patient is assigned, if possible, to a program which seems best suited for his rehabilitation.

Treatment procedures at Newark may be outlined in the following manner:

I. Medical attention

- A. Routine care, e. g., in acute and chronic illnesses
- B. Correction of physical and other defects—visual disturbances, strabismus, cleft palate, hare lip, endocrine disturbances,

infected tonsils, congenital syphilis, dental defects, speech disorders, cerebral palsy, et cetera

II. Educational program

- A. Academie
- B. Trades—housework, farming, beauty parlor work
- C. Occupational therapy—crafts, physical training, 4-H clubs, Boy Scouts, dancing classes, ball teams

III. Socialization program

- A. Parole and colony placement
- B. Family care placement
 - 1. School
 - 2. Individual
 - 3. Community

While no one patient needs all the resources outlined above, the procedure usually involves a blending of the various therapeutic methods to suit each individual case.

Elaboration of treatment procedures

Medical care is necessary for mental defectives as it is for normal individuals, possibly more so, since there seems to be a physical inadequacy present often in conjunction with the mental defect. And to aid a defective to adjust better, we must first remove the physical hindrances which may be present.

Often, lack of proper glasses prevents the patient from seeing well, brings on frequent headaches and gives rise to numerous other symptoms, any of which may make it more difficult for him to adjust. In like manner, carious teeth, enlarged tonsils, strabismus, cleft palate, hare lip, et cetera, are cared for whenever possible. Congenital syphilis is aided often by intensive antiluetic treatment, not so much that mental ability is increased, but rather by the fact that physical stigmata may be helped and further deterioration may be prevented.

Endocrine therapy is at best limited. By the use of thyroid extract, an unsightly cretin may be made into a fairly normal appearing individual, but mental changes are very slight, although a sluggish, negative patient may become more alert and capable of utilizing what mental capacity is present. Contrariwise, the nervous, excitable, hyperthyroid patient can be helped by surgery directed toward reducing the amount of thyroid secretion to normal. Similarly, by the use of pituitary extract, an obese patient of the Froelich's syndrome type may be benefited physically, and thereby is easier to care for. If the patient does not seem peculiar in physical appearance, there is a better chance for adjustment at home or in a foster

home. While other endocrine therapy is of little value in rehabilitating defectives, it may be used, of course, in routine medical care, as it would be in normal patients.

Speech correction is carried on at Newark in a rather extensive manner. Patients are seen by the physicians on admission, and if speech defect is present, the patient is referred to the speech correctionist whenever it seems that benefit will accrue. Also, all the patients who have been in the institution for a number of years have been checked in regard to their speech, and wherever indicated, treatment has been begun. An analysis of the defect is made by the correctionist and the patient's speech is recorded. Treatments are given once or twice a week, as indicated, and recordings are made at intervals. After correction is obtained, a checkup is made from time to time to prevent reappearance of the defect.

Cases of cerebral palsy have been treated at Newark for the past five years. A rather extensive program is outlined for these patients. The usual physical defect consists of spasticity or athetosis, or both. If the patient, on examination, appears to have sufficient mentality to benefit, muscle training and relaxation treatments are carried out. In some cases operative work is necessary. Pool treatments and speech training are also given these patients when indicated. Several children have been taught to walk and talk and many are improving gradually, so that coordination in the use of their arms and legs in walking, eating and dressing is much better than previously.

Education of mental defectives is very important. If we can bring out their possibilities to the fullest extent, the patients often are able to utilize them sufficiently to adjust in a satisfactory environment and become self-supporting. Academic work is of great value. Knowing how to spell, read and write and do some work in arithmetic is essential, especially for girls who are engaged in cooking, who must be able to read recipes and follow them. As for leisure time, the ability to read books will often keep these individuals from mischief. The grades are divided into nursery class, kindergarten, primary, intermediate and advanced work, and each child is given as much work as he or she can absorb.

Teaching of trades is essential in the rehabilitation of mental defectives. If the defective is able to work and be self-supporting, then the greater part of his problem is solved. He ceases to be a shiftless charge upon the community, and his self-respect and reliance are increased. At Newark, the chief trades taught are farming, for males, and housework, for females. For girls, homemaking, preparole and domestic arts classes are conducted, as well as work in the laundry, bakery, dining rooms and wards. They are taught to make beds, clean, cook, iron, and to do the other sundry tasks ex-

pected of a housemaid or helper. Sometimes, for further training, colony work is given a girl. Here they work in the colony itself or work out by the day. Some boys are sent to our farm colonies and learn a great deal of farm work, so that they may later be paroled and given a job and made self-supporting. Many of our patients are now working steadily at positions as a result of their training here.

Occupational therapy helps the patient mentally, physically and from a social standpoint. New interests are created, self-expression is encouraged, healthy mental trends may replace unhealthy ones and physical coordination is helped. Group responsibility and cooperation are brought out, and the patient is given an opportunity for social contacts in normal activities. There are classes in photography, carpentry, woodworking, metal working, basketry, printing and weaving, along with Boy Scouting, 4-H clubs, dancing classes and physical training program. These activities not only teach handwork and give the patients definite interests, but also have a beneficial socializing effect upon them. They learn to cooperate with others and can often take on responsibilities which stand them in good stead when they are released from the institution.

The socializing influence is of major importance in preparing the patient for life after leaving the institution. Many patients are committed because of inability to get along with others in the outside world, and if we can teach them acceptable social conduct we have achieved a great deal. In adapting patients socially to others, our colony system helps, since the patients live with others outside the institution. The same holds true for the parole system in which we find them jobs since, while still under supervision of the school, they are able to live with other people, knowing that improper behavior will result in their being returned to the school.

The family care program is being extended throughout the State, after having been instituted in New York State at Newark State School. Here, the program is divided into three groups:

1. Family care—school
2. Family care—individual
3. Family care—community

For an elaboration of this program, several papers by Dr. Vaux, Dr. Hubbell and Dr. Pollock are recommended. Essentially the situation is as follows:

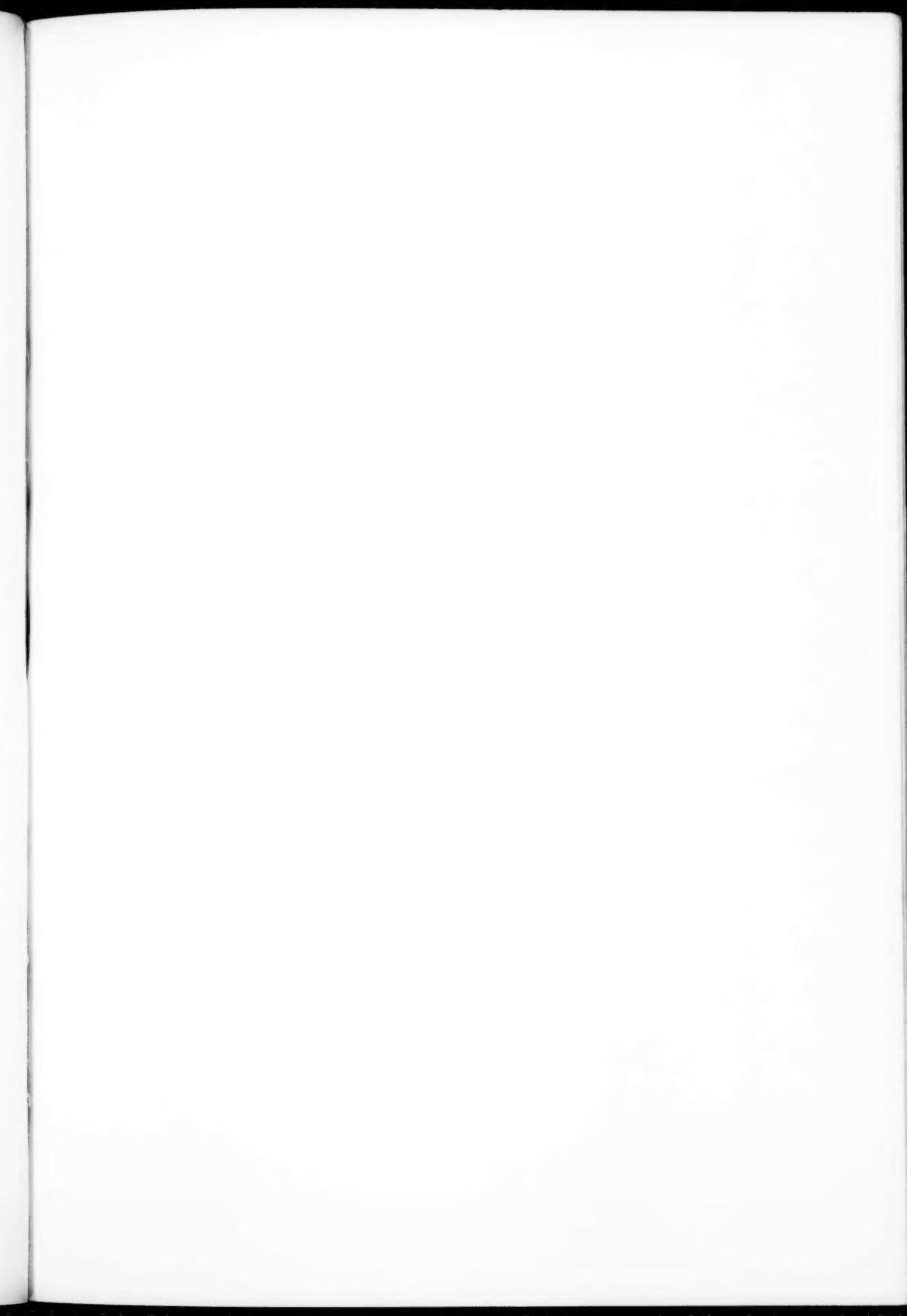
Family care—school. Children of school age are placed in boarding homes, and provision is made for them to go to school, either in regular classes or special classes, if such are available. The families are paid a small amount weekly for the maintenance of these children.

Family care—individual. Patients who are not able to earn a wage through work are placed in homes, and in return for their services, are given room and board, and the opportunity to learn how to make themselves useful. Many, after a short time, are able to earn money for their needs, as well as for their maintenance.

Family care—community. In this project, Newark utilizes the village of Walworth. Many homes contain one or more of our patients, and a community center is maintained, where the patients have parties, entertainments and are able to visit with one another. Most of these patients are older women, whose mentality is such that they cannot be self-supporting, yet who are harmless and get along well with others. Thus, the institution is relieved of their care, and more necessary cases can be accommodated. A small amount is also paid for the maintenance of these patients.

On looking back at the history of treatment of defectives, we are impelled to notice the great change that has taken place. From a time when they were neglected, ridiculed, and driven into crime and antisocial conduct, they now are looked upon as unfortunate human beings and efforts are constantly being made to rehabilitate them, so that they may live a safe and useful life.

Newark State School
Newark, N. Y.



SCHOOLROOM. "LITTLE RED SCHOOLHOUSE." KINGS PARK STATE HOSPITAL, KINGS PARK, N. Y.



THE LITTLE RED SCHOOL HOUSE AT KINGS PARK STATE HOSPITAL

BY GERTRUDE VINK

The development of a new children's unit became necessary because of the steadily increasing number of children who are being admitted to the hospital. At this writing there are 64 boys varying in age from 6 to 16, each highly individualistic. The matter of attempting the adjustment of such a group is a formidable one at best, representing as it does all the many steps from mental deficiency to the schizoid and encephalitic types. All in charge of this group, during any period of the 24 hours, will find themselves appalled at the mental hurdles they are expected to leap, in the attempt to assist in the adjustment of these cases.

A thorough inspection was made of the facilities the hospital had to offer for living quarters and of what might be considered an up-to-date school-house. A separate building which would take the children away from the ward environment, during at least a part of the day, was felt to be a necessity. This would provide the space for the setting up of special rooms for both academic work and for the manual arts under thorough observation. Fortunately for our plans and due to new building operations the old bakery was vacant, and was found adequate. With little expense the building, it seemed, could be made comfortably usable for both academic and manual work and for the development and observation of manipulative abilities, which are the steps necessary from the known to the unknown. There were two floors to the building. A coat of paint and an adequate water section were provided, as were lights and a telephone. This much having been accomplished it was turned over to the occupational therapy department, which assumed full responsibility for the future program. As a matter of fact, in this hospital, many occupational therapy activities are on a prescription basis.

In order to get results of any kind from the boys it was early realized that each one must be trained in work habits. To assist in this accomplishment the following classifications were made:

**Ages 6 to 11
Ages 12 to 14
Ages 14 and over**

**Academic work
Manual training
Preindustrial**

This grouping does not necessarily represent the same intelligence level, but practically the same level of interests and achievements. The primary objective of this project at its inception was to make these children better citizens of the hospital, and to attempt to train them in the known routine of habits and customs to which all must conform in life in both the hospital and the community.

172 THE LITTLE RED SCHOOL HOUSE AT KINGS PARK STATE HOSPITAL

The following daily schedule has been found fairly satisfactory for inaugurating the work of the unit:

5:30 a. m.	Larger boys up and dressed
6:00 a. m.	Smaller boys up and dressed
7:00 to 7:30 a. m.	Toilet care
7:30 to 8:00 a. m.	Breakfast
8:00 to 9:00 a. m.	Outdoor physical training for all boys except those disabled or defective
9:00 to 11:30 a. m.	School work for all children
11:30 to 12:00 a. m.	Toilet care
12:00 to 12:30 p. m.	Lunch
12:30 to 1:00 p. m.	Outdoor physical training or play period for entire group
2:00 to 3:30 p. m.	School or occupational therapy work
3:30 to 4:00 p. m.	Toilet
4:00 to 4:30 p. m.	Supper
4:30 to 5:00 p. m.	Bed for small children
4:30 to 7:30 p. m.	Indoor play period and passive recreation for larger boys
7:30 p. m.	All boys to bed

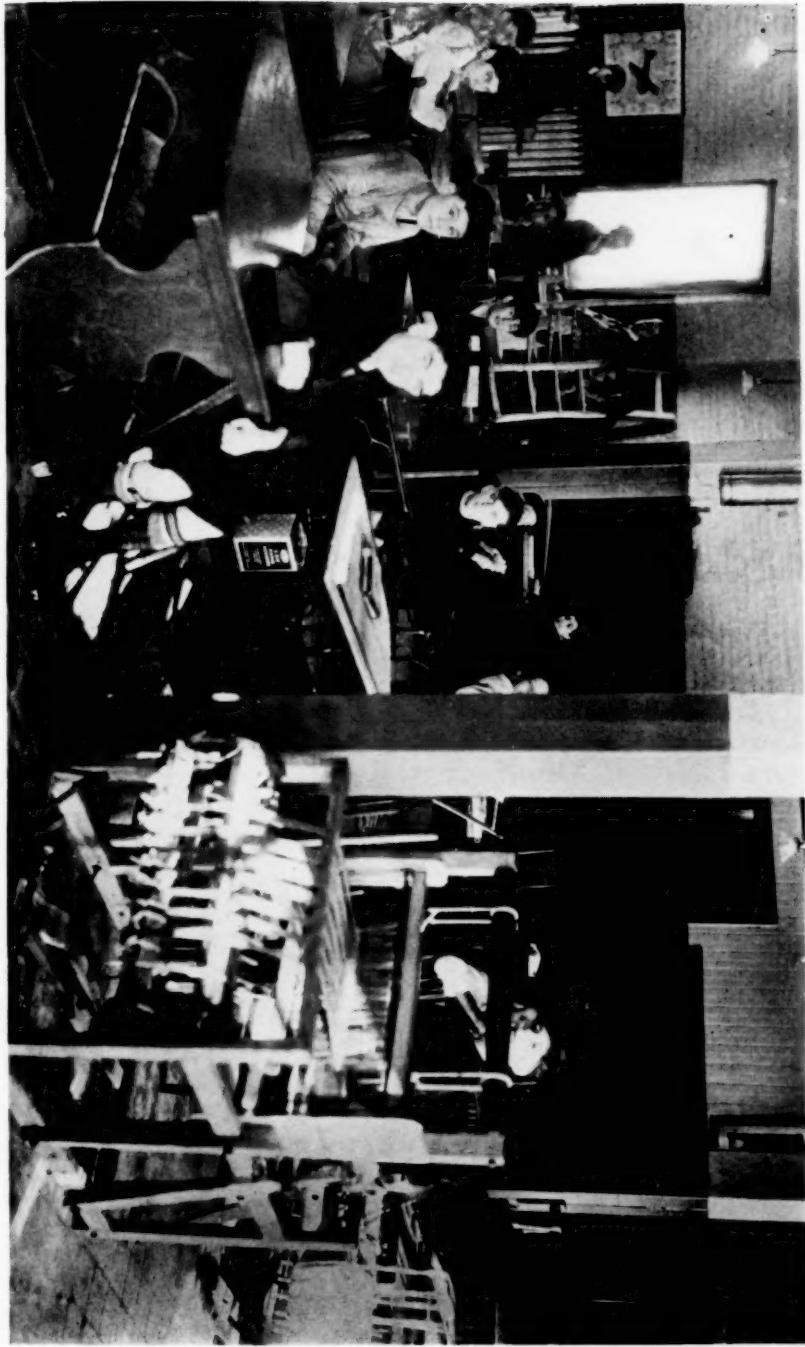
The second floor of this building was found to be more suitable for use as a school room. Here the three R's are taught and such other subjects as the children can grasp. No funds having been made available for either equipment or material, a gift of desks and blackboards from the Smithtown board of education was gratefully accepted. The desks were reconditioned in the preindustrial shops of the occupational therapy department and put to use. Individual tables, also made in the preindustrial shops were placed along the wall, opposite the desks. Desks are used while doing ungraded class studies; tables are used when occupied with manual activities. The walls are adorned with pictures that children like. Book shelves are filled with school books, as well as story books, all of which are easily accessible. An interested friend provided quantities of school books.

The classroom schedule is as follows:

9:00 a. m.	Attention and salute to the flag.
9:10 to 10:15 a. m.	Grades 1 and 3 recite while grades 3 and 4 study
10:15 to 11:15 a. m.	Grades 3 and 4 recite while grades 1 and 2 study
11:15 to 11:30 a. m.	Return to ward
2:00 to 3:00 p. m.	Manual arts
3:00 to 3:30 p. m.	Story telling, singing, recitation, et cetera

The manual training room is on the first floor. Here the older boys become acquainted with tools, their care and upkeep, and receive instruction in simple woodworking projects. For those who would not adjust to this type of work there are other manipulative problems such as looms, card weaving, weaving, Persian knot frames, and so forth. Some school work is done in a disguised form. This was devised after some study. For instance, the spelling lesson would be the names of tools and how to spell them; com-

MANUAL TRAINING ROOM, "LITTLE RED SCHOOLHOUSE," KINGS PARK STATE HOSPITAL, KINGS PARK, N. Y.





puting the cost of tools and equipment would provide arithmetic; ordering tools would be a language lesson. The schedule for this group is:

9:00 to 9:15 a. m.	Assembly
9:15 to 11:30 a. m.	Manual training
	Noon
2:00 to 3:00 p. m.	Object lessons
3:00 to 3:30 p. m.	Story telling, reading, singing

There is a piano and a radio in the schoolhouse, thus music and recreation are assured. The children like to sing.

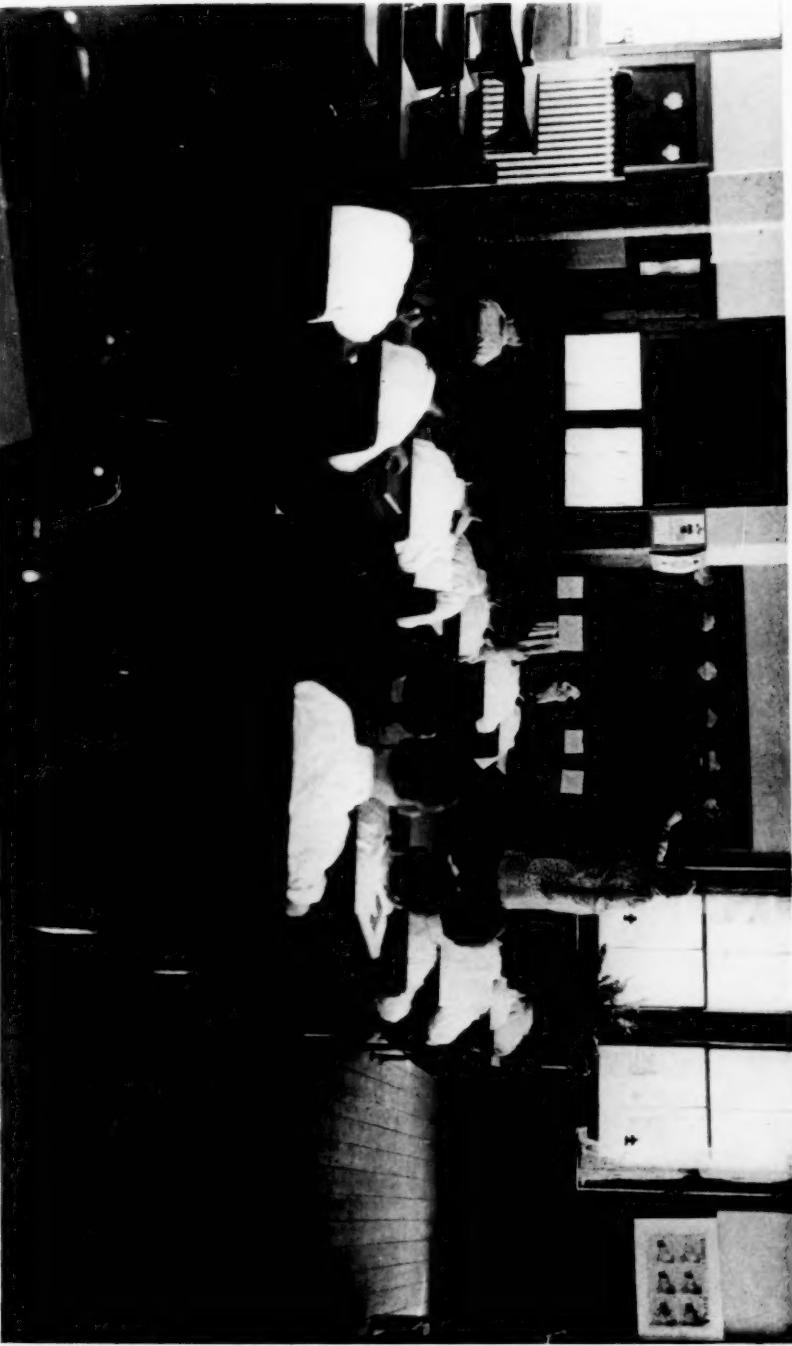
The older boys are sent to the preindustrial class for real work. They need the association and stimulating influence of working with men. The shops are larger and are well equipped with machines and tools. In the woodworking division of the preindustrial group the boys can learn wood-work in all its stages including cabinet making. The willow shop furnishes thorough instruction in the planting and cultivating of willow through cutting, steaming, peeling and preparing for use. From this harvested willow, furniture and baskets of all sorts and sizes are made. This craft is so thoroughly planned that it can be a vocation as well as an avocation, although it is not a part of our program to teach a trade. The print shop gives the boys an opportunity to learn type setting, printing and bookbinding. The metal shop encourages the boys to make ash trays, candle sconces, and other objects. Much waste material is used which interests them. With so many activities inviting their interests not even these abnormal children could fail to be attracted thereto. They follow the regular shop hours, which are 9:00 to 11:30 a. m. and 2:00 to 3:30 p. m. As noted above the program calls for periods of physical training, which provide ample time for ball games and seasonal sports.

Surprisingly enough the boys are reacting most favorably to this routine of work and play. There are still hours of turmoil but they occur less frequently. Perhaps it is the effect of real school desks and blackboards; the atmosphere certainly suggests quiet application. Then again some things lose their charm, as was the case with the piano. When the schoolhouse was opened a square piano was included in the furnishings; all were curious to see how long it would last. In record time everything screwable was unscrewed and everything movable was moved. No comments were made. The shell was removed and an old parlor organ took its place. This lasted much longer but it too finally had to be taken away. The present instrument is a good one and since the novelty of destruction has worn off, remains intact. The boys are very fond of the knotted curtains which they made and which now adorn the windows. Pictures are looked at and enjoyed but not destroyed. Their lesson sheets and craft work are proudly displayed.

174 THE LITTLE RED SCHOOL HOUSE AT KINGS PARK STATE HOSPITAL

The first program developed for children in this hospital proved the value of establishing routine habits of work and play. This second program is the outgrowth of the first experiment. The "Little Red School House" (as the old bakery is now called) is the only building here given over to children that has adequate provisions for environmental influence and control of what appeared to be a difficult group.

Kings Park State Hospital
Kings Park, N. Y.



CLASSROOM, "LITTLE RED SCHOOLHOUSE," KINGS PARK STATE HOSPITAL, KINGS PARK, N. Y.



SUMMARY OF REPORTS OF SURVEYS OF SCHOOLS OF NURSING IN THE STATE HOSPITALS, MARCH, 1938

BY HARRIET BAILEY, R. N.

Herewith submitted is a resumé of some of the more important facts which this survey disclosed and which have received comment in the reports submitted to the schools.

Scope of Survey

The following schools and hospitals were visited:

18 State hospitals

1 State hospital without students

Psychiatric Institute and Hospital

Syracuse Psychopathic Hospital

Psychopathic Division, Bellevue Hospital

Neurological Institute, New York

Payne Whitney Psychopathic Hospital

Westchester Division, New York Hospital

Providencee Retreat, Buffalo

Butler Hospital, Providence, R. I.

Reasons for Schools in Mental Hospitals

For a period of more than 40 years training schools for nurses have been conducted in the State civil hospitals of New York. During that time the educational requirement of nurse applicants has been advanced from eighth grade to completion of the academic course in approved high school; the requirements for clinical experience and teaching facilities have been much broadened and increased; and genuine effort has been made to upgrade the academic and professional qualifications of the graduate nursing staff.

What are the reasons for conducting nursing schools in mental hospitals? Are they not the following?

1. To provide a higher standard of nursing for the patients in hospital.
2. To enable the physicians to more fully practice the art of medicine by providing skilled assistance.
3. To provide a group of nurses professionally qualified for hospital positions, administrative, teaching, et cetera, and for the public health field.

Obligations Assumed by Hospital

The hospital offers young women and young men of college age a professional education in return for service. In 1903 after the passage of the first

176 SUMMARY OF REPORTS OF SURVEYS OF SCHOOLS OF NURSING

nurse laws the nursing schools came under the supervision of the State Education Department and they were placed in the division of professional schools thereby establishing their status.

In addition to the agreement to provide nursing education there are other obligations every hospital assumes when it establishes a nursing school. Most hospitals have recognized these and made genuine effort to fulfill them but during some of these visits the impression has been gained and a few physicians have confirmed it, that the teaching is burdensome, that it takes too much of their time, that the school is only one other hospital department anyway, that there should not be so much difference between the standing of students and attendants, et cetera.

There is no question that a majority of the superintendents and physicians are aware of the tremendous possibilities there are in utilizing an educational program for a special group to activate and stimulate the whole service. Such a miracle has taken place in one of the State hospitals in the interval of my last visit and this one.

Number and Size of Schools

There are now 17 hospital schools and one for affiliating students. (This receives groups of students from eight general hospital schools.)

The figures printed in the successive issues of the PSYCHIATRIC QUARTERLY SUPPLEMENT show that in the last three years there has been an increase of 38.5 per cent in the number of students admitted to the State hospital schools. The increase for the last two years has been 30 per cent. Dr. Taddiken's report of October, 1937, showed a total of 755 students. There have been eliminations since that date and the figures given to me now total 717 students.

There has been a gradual reduction in the number of students who are eliminated. In the class that completed this course in 1935 the rate was 50 per cent; in 1936 it was 44 per cent and for the class that finished last year it was 39 per cent. A reduction of 11 per cent in three years is commendable but the rate is still too high. The psychometric tests have been given to students entering five schools by Miss Potts and in three others the resident psychologist has given them.

The educational qualifications of the students entering the State hospital schools have improved a good deal. In nine schools there are 53 students who have had academic education beyond high school. Several are college graduates, others have had one, two and three years of college work and others have completed one and two years of normal school.

We feel strongly there should be no further increase in the number of hospital schools or of students. We are gratified that several superintend-

ents stated that if they can secure qualified nurses for the graduate positions they would be willing to consider limiting the course in their hospitals to affiliating students, because their adaptation to the work and the service they have rendered have been so satisfactory.

In some hospitals already the numbers of these nurses who apply for graduate duty far exceeds the number of vacancies.

Faculty of the School

In all the 35 or 40 years that training schools have been carried on in State hospitals very little real progress has been made in the organization of the teaching staff. The title "principal of the school" has been subjected to various interpretations in the different hospitals but in nearly all there has been a tendency to limit her activities to teaching only. It is not possible to carry out successfully the educational program prescribed by the Department of Education, unless she also can direct to some extent the nursing activities of the wards, at least those to which students are assigned. Why cannot she be designated also as "director of nursing?" It would in no way change her position in relation to the superintendent or the medical staff but she would, as in general hospitals, be consulted about charge nurses when vacancies are to be filled and their duties as they relate to the students' service. In New Jersey state hospitals this person's title is "superintendent of nurses," and the school of nursing has its own letterheads.

There has long been need of additional persons whose whole time can be given to teaching. Consulting the mental hygiene handbook, I find one hospital lists by name 12 occupational therapy workers and eight social service workers; another lists five occupational therapy workers and six social service workers and in one hospital maintaining a nursing school the superintendent told me that 20 persons were assigned to the occupational therapy department. If these groups can be increased so much why not the teaching staff by at least one or two more nurses who are sorely needed especially when the teaching programs for both hospital and affiliating students are so heavy?

It is good to note that some superintendents have recognized this need and have assigned an additional person. In two schools two instructors have been assigned but I plead for the approval of this position in all schools.

Qualifications of the Faculty

It is gratifying to note the continuing improvement in the qualifications of the principals.

178 SUMMARY OF REPORTS OF SURVEYS OF SCHOOLS OF NURSING

Of the 19 principals (or acting principals) 11 have earned college credits; one has an A. M. degree and one has an A. B. degree. Only six do not now have high school diplomas. Of the assistant principals, 11 have earned college credits, one holds A. M. degree, one A. B. degree, one has completed two years of normal school and only five do not hold high school diplomas.

Of the instructors which nine schools now have, seven have earned college credits, one has an A. M. degree, one an A. B. degree and one a B. S. degree. Another completed one year of normal school.

The unquestionable improvement in the teaching is reflected in the results of the State Board examinations. For the years 1934-1935 and 1936 there were 312 candidates and 89 failures, or 28.5 per cent. One school had 55.6 per cent, another 46.7 per cent and one 7.7 per cent. One school had 12 candidates and no failures so the fault cannot be said to be in the examinations. In 1937 there were 110 candidates and 21 failures, or 19 per cent. Further analysis shows:

14 schools were represented

5 schools with total of 20 candidates had no failures

5 schools with total of 47 candidates had one failure each

2 schools with total of 9 candidates had two failures each

The other two schools with a total of 34 candidates had 12 failures. If we eliminate these two the percentage of failures would be only 11.8 which is a big drop from 28.5, and can be rated a real achievement.

Graduate Group

Many charge nurses also have made up high school deficiencies and large numbers of the graduates have completed extension courses which the universities in different parts of the State have given. I believe if hospitals are to attract and hold the fine type of graduate nurse they need, these nurses must have assurance of, and opportunity to share, a progressive program of self-improvement and professional efficiency. Provision is made each year for a definite number of staff physicians from each hospital to spend 10 weeks at Columbia University Medical College and the Psychiatric Institute and Hospital. Why cannot opportunity for refresher courses be made for some of the more valuable graduate nurses?

The supervisors in some hospitals are devoid of educational interest and do little to promote such programs. The chief woman supervisor in one hospital is a member of the school faculty and ably teaches the course in hospital housekeeping and assists most efficiently with the ward teaching.

There is a tendency among the graduates in some of the more isolated hospitals to become resigned to lack of educational opportunity and some

have become so ingrown that they now resent any effort to bring them in contact with present-day nursing standards and interests. This is not, however, true of Craig Colony where a fine program for the whole winter is arranged and is so broad in its content and interest that the physicians attend some of the meetings and it has been a stimulus to the whole service.

Graduates should be encouraged to join the various nursing organizations. One principal has been and another now is the president of the district association (branch of the State Nurses' Association). In one hospital every registered nurse holds membership in the district—100 per cent membership! Another hospital school provided the entire program for a meeting of the League of Nursing Education and it was voted the best meeting of the year.

These examples prove it can be done.

Affiliating Students

Fourteen State hospitals now receive students from 49 general hospitals. There are actually 52 groups because the numbers are so large in three schools that they are divided and sent to two hospitals. Last year a total of 744 students received instruction and experience in psychiatric nursing in the State hospitals.

We believe that for this group of students who are in hospitals for only three months, effort should be directed toward providing clinical experience in human behavior rather than technical experience in a nursing specialty. In the short time of three months it is possible to correct lay ideas concerning psychiatric disorders and their treatment, to give the student an elementary working knowledge of behavior mechanisms and to establish a realization of the breadth of a nurse's responsibility to her patient as an individual.

Assignments should be made to all the wards that afford opportunity for the care of patients who represent the range of disorders for which hospitalization is necessary. For this group also clinical demonstration and teaching in the ward situation are most effective for it is here that nursing response to the various types of behavior must be developed.

Clinical Facilities

In all hospitals these have increased a great deal. The diagnostic clinics and active treatment services have greatly advanced the value of ward service and students in State hospital schools no longer feel handicapped in general nursing. In one hospital only, women graduates and students are not assigned to any of the wards for men. In one other only two wards are available for this experience. It is a deficiency in nursing education that should be corrected.

The affiliation for young men in the State hospital schools has been advanced quite generally to the second year and a few schools have changed to this period for the young women. There seem to be unusual advantages to the home school in this plan, for it eliminates many extra hours of classroom instruction and it brings the students back for the third year. An interesting observation relative to this change was made by the principal of a school that has received students over a period of years. When the students of the State hospital joined those of the same grade in the general hospital the psychological effect was quite marked, for they made a better adaptation and did better work than when, as third-year students, they had to join a lower group to pursue second-year subjects.

I have been disappointed to find a very complete diagnostic clinic with very active service in a hospital which had neither a resident dietitian nor a therapeutic diet kitchen. It is not good teaching to include therapeutic diets in the curriculum, have students note diagnoses that require them, yet in daily practice have them overlooked.

Hospital Facilities

In a large number of the new buildings, many of them constructed for active service, it is to be regretted there are so many omissions, errors and misplacements in the construction and equipment. Of course hospital architects are not housekeepers, nor is member of the construction committee, and so nurses are compelled to walk extra miles every day in reaching the service rooms, preparing treatments, taking patients to toilet, et cetera. In one new building for sick patients, diet kitchens were omitted and the afternoon nourishments were being prepared in the utility room beside the bedpan sterilizer! In another hospital, brooms, brushes, mops and bedpans were placed in a very small closet without any ventilation and in which the treatment trays were also placed. Before a building is constructed, it would be desirable to have some nurses study the architect's plans from the standpoint of housekeeping and the nursing service.

Classroom Instruction

Because of one or two unfortunate incidents which probably have been much exaggerated some schools have been greatly perturbed by the introduction of the Freudian theory in the lecture course. While it may be important for medical students and is utilized in varying degrees by the staff physicians, we believe that in the didactic teaching program for student nurses it should be reduced to a minimum. Rather should psychiatry be so presented that stress is laid on the relationship between normal and psychotic behavior as differences in *degree* rather than in *content*.

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THE FUNCTION OF THE MENTAL HYGIENE CLINIC WITH REGARD TO JUVENILE CONDUCT DISORDERS

BY EUGENE DAVIDOFF, M. D., AND ELINOR S. NOETZEL

PART IV. *Specific Types of Conduct Disorders*

In our last communication we classified, for therapeutic purposes, the types of conduct disorders observed. In this paper these various subgroups are discussed.

I. TYPE WITH DEFECTIVE PERSONALITY INTEGRATION

We are subdividing this type in the following manner: (a) the personality disorder type, more prone to neurotic traits and personality difficulties and (b) the type more prone to conduct disorders, the personality-conduct disorder type.

As stated previously, we do not believe that neurotic traits or delinquent traits actually can be separated, particularly in the early cases, and prefer to designate the traits observed as unhealthy or disordered tendencies in the personality integration rather than specifically neurotic or delinquent. However, for purposes of classification and from the standpoint of later development and treatment, we are making a certain distinction, doubtless ill defined, between the early case of conduct disorder and that type usually designated as neurotic or with personality disorders.

In type (a), those more prone to neurotic traits or severe personality difficulties, we include those with seclusive or depressed states, day-dreaming tendencies, excessive introspection, feelings of inadequacy, neurotic disorders such as tantrums, restlessness, habit disorders, enuresis and mild masturbation, fearful states and the more definite psychoneuroses of childhood, i. e., neurasthenia, psychasthenia, hysteria and tendency to retention of infantile sexuality. A number of these manifestations were found in children with conduct disorders and were in intimate relation to the general clinical picture.

However, in type (b), those more prone to conduct disorders, we included those children who were given to truancy, lying, stealing, marked disobedience, incendiarism, destructive activity, sex offenses and vagrancy. In this group, we found those children who utilized archaic patterns in adjustment to social situations, frequently in an aggressive manner or by partial withdrawal or with aborted projection mechanisms.

The child with neurotic traits or personality disorder yields without extensive protest in regard to the external factors involved and does not attempt to utilize his personality disorder in solution of his problem or in

competition. He has a greater tendency to continually withdraw. However, he is later prone to develop conduct disorders in an indirect, more passive manner when his personality defects come into conflict with the environment.

The child more prone to conduct disorders or the child with personality-conduct disorders makes some attempt early to utilize his defective or immature personality integration in solution in competition which, although satisfactory to himself, is unsatisfactory to society. He expresses his personality defects in his conduct. The first type does not arrive at a solution or arrives at a solution unsatisfactory to himself.

The children diagnosed as conduct disorders have disordered personalities as well as the children who are called personality disorders. The child with conduct disorder, however, utilizes to some extent his neurosis or personality difficulty and engages in conduct disorders to escape the neurosis. The child with a personality disorder does not utilize delinquent traits in his adjustment but surrenders within himself to his personality difficulty.

The children with personality disorders and those with conduct disorders are neurotic to the extent that they are suffering from intrapsychic conflict, but the delinquent utilizes his conflict and his personality to gain a measure of satisfaction for himself, destructive though it may be to those about him. However, the conflict of the child with personality disorder appears futile to him; he finds less satisfaction for himself in his behavior and he frequently resigns himself to phantasy or withdrawal. The delinquent usually has a firmer grip on reality. Masochistic children with conduct disorders succeed in bringing real punishment on themselves, while children with personality disorders receive their punishment in phantasy or in a more concealed manner.

The passive, neurotic child comes into conflict with society when his infantile, lower center cravings, asocial though not antisocial at first, prevent his adjustment in a larger sphere of activity. At times, the maladjustment socially appears to be almost accidental. The less aggressive sex delinquent is an example of this type.

To illustrate some of the facts mentioned in the previous discussion, we are summarizing the results of two studies conducted at the Psychopathic Hospital under our supervision. In the first one, the healthy and unhealthy traits of 142 of our problem children were listed, according to the attitudes with which they were associated, namely, withdrawal, feelings of rejection, narcissism, confusion and destruction. The term confusion is used to describe the loss of poise or perplexity when confronted with new situations.

Utilizing some of the data obtained by Mrs. Bithia G. Whitney¹ in this first study, Miss Genevieve Sennett,² with our assistance, investigated and

reported on the personality traits of 24 children institutionalized in an orphan's home. Twelve were classified as without mental deviation and 12 were designated as personality disorders. We in turn submitted 12 consecutive cases of conduct disorder to a similar analysis.

The evaluation of the results of both studies is indicated in Tables 1 and 2. We are presenting in Table 2 a graph showing the percentage of incidence related to the specific attitudes mentioned above. In analyzing it, we found that the delinquents showed considerable more poise in meeting new situations than the children diagnosed as personality disorders. We have already mentioned the ability of the delinquent to utilize certain circuitous means to reach his goal. This goal and the method of reaction is generally an unhealthy one, but the experience that the delinquent has in meeting a new situation is more varied than that of the institutional child. This confirms the fact mentioned above that a child with personality-conduct disorder attempts to utilize his unhealthy traits in adjustment to situations while the child with personality disorder yields to these traits with less attempt to utilize them in adjustment.

TABLE 1. COMPARISON OF OCCURRENCE OF HEALTHY AND UNHEALTHY PERSONALITY TRAITS IN CHILDREN WITH CONDUCT DISORDER, PERSONALITY DISORDER, AND NO ASCERTAINED DEVIATION

A. *Occurrence of Healthy Personality Traits*

	Number	Per cent
a. Possible occurrence	396	
b. Group with no ascertained deviation	341	86
c. Group with personality disorders	261	66
d. Group with conduct disorder	198	50

B. *Occurrence of Unhealthy Personality Traits*

	Number	Per cent
a. Possible occurrence	492	
b. Group with no ascertained deviation	107	21
c. Group with personality disorders	208	42
d. Group with conduct disorder.....	264	53

Our delinquents showed more destructive behavior than our institutional children. All of the 36 children were products of unfair and unfavorable environmental situations but the children with delinquent tendencies frequently voiced their protest against the environmental forces in a destructive manner. These protesting tendencies may be used as an aid in the therapy if utilized constructively.

There is a divergence in the three groups of children in relation to feelings of rejection. All the 24 in Miss Sennett's orphanage group were rejected by their parents. In all these cases one or both parents were alive.

In those 12 cases with no ascertained mental deviation, there are compensatory or plastic factors in the personality that enabled them to develop sufficient resiliency to adapt to the experience of rejection by the parents. Those with conduct disorders showed the greatest percentage of unhealthy reactions to this.

The delinquents exhibit a slightly greater percentage of withdrawal traits than the children with personality disorders. There is withdrawal, therefore, in both groups and an associated intrapsychic conflict but the manner in which the withdrawal takes place, the reaction to it and the subsequent course, are different. The withdrawal in the institutional children was a more continued, constant, concealed introversion. With the delinquents this tendency to introversion was more or less spasmodic, oscillating between the frankness of protesting outbursts and sensory gratification and the shy, shut-in reaction concerning motives for such behavior.

The percentage of incidence of traits relating to the external expression of narcissism was 43 per cent for the children with conduct disorders and 33 per cent for the children with personality disorders. We have stated previously that self-interest and inability to sacrifice for future gain are characteristics noted of the child with conduct disorders.

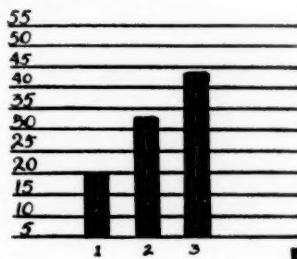
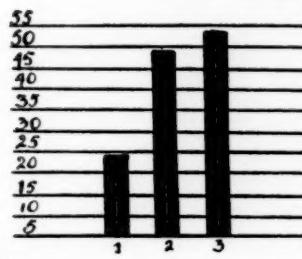
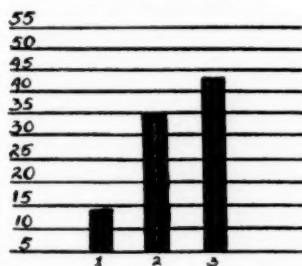
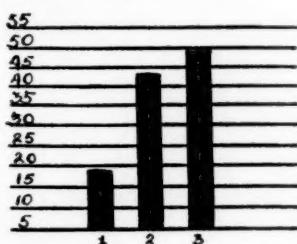
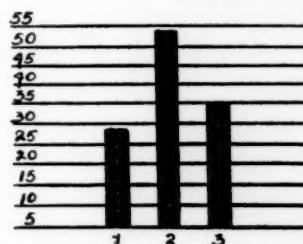
The sex delinquent cannot be considered as a special type. The delinquent whose conduct disorder expresses itself in sex deviations or immature sexuality is one who, because of poor integration, uses this asocial avenue to express his personality disorder. The sex disorders are intimately associated with the unhealthy manifestations noted in the tables.

The polymorphous perverse type has been discussed extensively by Freud.³ The primitive, amorphous, boring manifestations have been described by Jung.⁴ In the older as well as the younger children we have encountered many bisexual tendencies. The bisexuality of children and its retention in neurotic adults has been stressed recently by Lorand⁵ and our experience with regard to juvenile delinquents is similar to his. The reaction of girls and boys to the Diana complex has been mentioned by Bau-doin⁶ and others of the analytical school.

In younger children, excessive manipulation, boring activities and auto-erotism are more frequently encountered. In the older children, extreme narcissism, exhibitionism, voyeurism, excessive masturbation, anal and oral practices, mutual masturbation and initiation into sexual practices are found. Among the juvenile delinquents we noted retention of many of these manifestations as well as homosexuality, transvestitism, inability to solve conflicts in regard to bisexual tendencies, promiscuity, perversion, overt substitutions for the sex act, molesting of younger children and the sado-masochistic disorders observed in adults.

TABLE II
**PERCENTAGE INCIDENCE OF
 UNHEALTHY ATTITUDES**

- 1 - NO ASCERTAINED DEVIATIONS
- 2 - PERSONALITY DISORDERS
- 3 - CONDUCT DISORDERS

NARCISSISM**WITHDRAWAL****DESTRUCTION****REJECTION****CONFUSION**

In the homosexuals, the constitution and inherent aspects as well as familial factors including parent identification have to be considered. Narcissism and bisexual tendencies are found as a rule.

II. MENTAL DEFECTIVE TYPE

It is not our purpose in this short space to consider in detailed fashion the various types of mental deficiency. From a practical and therapeutic standpoint and because of its application to the problem of the defective delinquent, we are presenting the following classification.

A. So-called "inherent" type

(a) The familial or "stock" type due to poor familial background. This group includes those classified by others as hereditary types of which the Jukes and Kalikaks were the most widely publicized, although the hereditary implications in regard to the type are not entirely conclusive. However, we placed in this subdivision those in whom there was a strong familial tendency to mental deficiency in the direct line as well as the collateral line and where there was appearance in the direct line of a predominance of psychopathic or psychotic forebears. For instance, if in a given family of 10, more than 5 in the direct line exhibited defective intellectuality or psychopathy, we felt that the deficiency might be considered on an inherent basis. However, we are aware of the environmental familial and deprivation factors that may be at work in a given individual.

(b) The congenital ontogenetic type. Here, there is some inherent developmental defect in the particular individual which has had its origin in utero. Among our children with conduct disorders, we have found evidence of congenital syphilis, congenital brain anomalies, endocrine disorders, congenital spastic paralyses, congenital heart disease, etc. This type is not so frequently found in the conduct disorder group as it is found in mental defectives, classed as imbeciles and idiots. As we have previously noted few of the idiots and imbeciles are found in the conduct disorder group.

We find that both these subgroups are capable of adjusting only in a protected environment. They are incapable from birth of competing with normal children or managing themselves or their affairs with prudence.

B. Acquired type, due to conditioned and environmental factors.

(a) Organic reaction type or physically handicapped child. These might be classified as early and late or severe and mild types. In the early types we find those with birth trauma, toxic and infectious diseases of infancy, infantile nutritional disturbances and deficiencies such as rickets, avitaminosis, et cetera. The latter types include those cases with postnatal trauma, encephalitis, epilepsy, nutritional, orthopedic and later appearing

endocrine disturbances. In these groups we find the excessively restless, hyperactive, destructive, inattentive types or the dull, sluggish, suggestible types.

(b) Functional types. The mental deficiency in this group is largely on a conditioned, environmental or personality development basis. In considering this type we are impressed with his ineffectuality in adaptation. This is occasioned frequently not only by the intellectual deficiency but also by the personality and emotional difficulties and the defective integration of the total personality. The intelligence test is not a true index of the individual's deficiency or attainment. However, as a rough measure in a given situation or constellation of circumstances at a given time, it is of some value.

From the standpoint of conduct disorders, the most serious problem encountered was the high grade moron and borderline type whose I. Q. ranges from 60 to 85. The greater bulk of our cases were found in this group. These children, not low enough to be readily recognized, suffer from personality and emotional disorders and poor environmental influences. They encounter the additional difficulty of being surrounded by and competing with those who are better adapted. This results in a strong sense of inferiority of which they are quite cognizant. They strive to adapt but do not have the personality assets to overcome or compensate for their guilt feelings. They cannot outstrip their fellows in socially acceptable attainment. Little satisfaction is derived from the school program, weighed down with rote memory achievement or purely routine curricular attainment. No attempt is made to individualize the child or bring out his specific adaptabilities which are of no value to him in the classroom. This type seeks devious, unsupervised, self-devised methods of satisfaction and solution. Competitive methods of a lower order of integration, which have been useful in the past, and of importance purely to the individual, are utilized.

Their urges are as strong as the average children but they lack the planfulness and adaptive possibilities which enable the other children to grasp newer, learned methods in adaptation in new situations. They, therefore, fail to utilize their urges in a socially constructive manner. The intelligence rating frequently in the environmental defect is determined not so much by his intellectual shortcomings as by emotional and personality defects as well as environmental influences. On the other hand, we have seen children with I. Q.'s close to 100 whose adaptive ability was "moronic," who had specific ability in performing tests but whose conduct as a whole was not conducive to intelligent handling of life's situations.

In this environmental group today we no doubt include many children who by reason of chronic illness, lack of opportunity, remedial personality or specific defects, emotional conflicts, poor cultural background or delayed maturity lag behind their normal fellows but who may be educated to the standard of the average child and are therefore only relative or conditioned defectives. The intelligence quotients of some of our early delinquents have been improved materially by improved surroundings such as foster home placement or improved home conditions and by correction of specific disabilities in cooperation with the school.

The schizoid personalities who lack plasticity have a difficult time in adapting their capabilities to new situations and this is reflected in their educational attainment. The emotionally unstable child who cannot cope with new situations except by tantrums also experiences difficulties in intellectual attainment. However, the acquired types offer the greatest hope for therapy. If they are exposed to treatment early enough by proper training and reeducation, they can become useful members of society. The solution is not one of institutionalization. Child guidance centers must concern themselves more and more with this type of mental defective and his emotional reactions. The clinic must also concern itself with the reversible or milder organic reaction types as well as those who come from families with poor cultural background, and the environmental familial, socio-economic factors involved.

III. TYPE WITH SPECIFIC MENTAL DISABILITIES—READING, WRITING, SPEECH, ARITHMETIC AND MANUAL TASKS

While these difficulties may be frequently inherent and due to a lack of cerebral dominance,⁷ emotional factors as well as acquired organic disease enter into the problem. From the standpoint of conduct disorders, the difficulty arises from the feelings of inferiority because of their inability to compete in school, inability to make themselves understood, projection mechanisms or paranoid bias which arise and the lack of opportunity to engage in pursuits in which they excel or for which they are specifically adaptable. The schools frequently have few facilities with which to teach them. As a result, while they feel that they can do as good work as others, they cannot prove it or convince people of their basic intelligence. They resent being classed as defective and do not understand why they cannot compete on even terms. They, therefore, seek devious means of satisfaction to attract attention and satisfy their ego in the performance of antisocial acts. They present frequently a problem similar to that of borderline or environmental mental defect.

IV. ORGANIC REACTION TYPES WITH SPECIFIC PHYSICAL DISABILITIES OF THE PHYSICALLY HANDICAPPED CHILD

These types are becoming increasingly apparent to us. They are frequently seen in children with mental deficiency or special mental disability and in children in whom early medical problems were neglected or obscure. In those cases following acute infectious illnesses of rather severe nature where the stresses and strains are permitted to continue or where neurotic traits are superimposed and in the chronic types where there are residuals of brain abscess or in poliomyelitis, encephalitis, neurological disorders, orthopedic conditions, endocrine disorders, intelligent medical and psychiatric management is important. In diseases outside the cerebral spinal system, functional superimpositions play a relatively greater role.

In those conditions associated with brain and nervous diseases, while the functional element is important, the organic components influence the reaction type and produce an altered or new reaction type with a more circumscribed range of adaptation. Mental deficiency and conduct disorders as well as neurotic or personality disorders are frequently found in this type. The general integration of the personality also exerts an influence, particularly if the amount of brain injury is not too great.

The symptoms depend a great deal upon whether the lesion is predominantly cortical or subcortical. The hyperkinetic type observed often associated with subcortical lesion is frequently seen. The restless and destructive traits observed in children who are inattentive, never able to concentrate and who are truant, frequently result from organic disturbance. A rarer type is the hypokinetic, dull type often associated with mental deficiency or concealing, lying and unreliability. The personality integration, careful psychiatric supervision and tactful social service planning is an important point in considering the possibilities of conditioning and reeducation. In the reaction type with somatic disease such as cardiac, pulmonary and orthopedic, the functional superimpositions which are more prone to occur must be carefully guarded against.

V. TYPE WITH POOR FAMILY BACKGROUND

As in the case of mental deficiency, in considering family background we may view it from biological, inherent or environmental aspects.

(a) Hereditary factors. There does appear to be evidence that in some of our delinquents, family stock is a definite factor to be considered. In most normal families if we search extensively, we can find evidence somewhere of mental disease, defect or pathological social adjustment. However, where there seems to be a preponderance of these factors in the direct

and collateral lines, we believe they do play a part in the child's inherent equipment which predisposes him to maladjustment. For example in our clinic, we have seen two delinquent girls whose mothers were sisters. The mother of one child was in a State school for mental defectives. The mother of the other was in a State hospital. The sister of one was a mental defective. An uncle and aunt were patients in a mental hospital. Another uncle was in prison. While there were many socio-economic factors, they appeared to have been created by the innate inadequacies of the individuals in the child's family stock and the difficulties could be traced to inherent predisposition. The expectancy of defective adjustment in siblings was greater.

Our present knowledge of genetics is too inadequate to enable us to prove any contention that those factors which make for social maladjustment in these children are entirely hereditary. Moreover, the superego of the child is built up of the personalities about him. A child surrounded from infancy by members of a family who are themselves failing in their social adjustment because of mental deficiency, delinquency or mental illness, does not have the opportunity to develop ego ideals identified with the social mores of the larger group.

(b) Environmental factors in the family. It is only for purposes of classification, that we are separating these cases arising from poor family background and its environmental influences from those where socio-economic factors predominate. All factors originating from the family background eventually have their significance socially.

The causative factors which have their origin in the family may not of themselves be antisocial as is the case of the isolated family, which is not itself a part of the group in which it lives. Frequently, this is seen in foreign families whose old world culture has not become integrated into the new. The child starts to school handicapped by language disability. He feels inferior to and outside of the group. His parents do not understand the mores of their adopted country and the child resents the accepted custom of European families.

However, certain families may have a standard that stays within the law, but the same standard in the hands of children may lead the latter into difficulties. For every delinquent child, there is an adult who influences him. The mother or father may if they are circumspect engage in illicit operations and escape the consequences. When the adolescent tries it he may not be so fortunate.

We have mentioned previously that our delinquents frequently were recruited from the ranks of the excessively petted or rejected children. This

petting or rejection is often the expression of the immaturity of the parent. An immature mother, who is unable to adjust to the responsibilities of marriage and gain the affection she craves seeks satisfaction by identifying with the child. She gives him the petting that she desires, or projects the hatred she feels for the husband on his child. The extremes of petting or rejection enhances the child's narcissism either by giving him the idea that he has the right to satisfy his desires immediately or that he is entitled to any compensation that he can seize.

The question of the broken home has been studied insufficiently from a statistical angle. There is a lack of adequate control data in regard to children of broken homes that have adjusted. However, legal separation or divorce has been taken as a criterion and the studies frequently have been made on children committed to industrial schools. We are familiar with the likelihood that a judge will more readily commit a child when there is no family unit with which to work. However, the broken home apparently gives rise to a greatest tendency to delinquency because of the lack of early training and the feeling of isolation and the lack of affection. One such investigation made an attempt to study cases of delinquency in an Italian group.⁸ Very few broken homes were found judged by the criteria of desertion, separation and divorce because of religious and social customs.

We are more concerned with the divided family and divided authority because one of the most vital factors in the child's background is the conviction that if he makes an effort, antisocial though it may be, the family stands ready to help him. He does not receive this support in a divided family and the erratic discipline predisposes to compulsive or immature acts. There is a lack of appreciation of the unity of family life which would fit him for the larger social group. The child's divided loyalty serves as a deterrent to integrating his archaic ambivalence. He begins to hate all authority when he is used as pawn to satisfy the sadism of the warring parents in regard to each other. The sense of inferiority, shame and guilt in regard to his parents result in confusion. He has no clear idea as to what is acceptable conduct.

We have mentioned before that our delinquents appear to expend their energy in sporadic outbursts and do not arrive at the necessity for trained practice. If we look into the family backgrounds we may see why this is true. One of the characteristics of the homes of some of our delinquents is the absence of any sustained routine. The child is not trained in carrying through to completion most of his activities.

There is also the child who is orphaned or illegitimate. He never becomes convinced of his own worth, nor does he learn to love by being loved. He is haunted by a sense of guilt that he is unloved because something is wrong with him. The delinquent who wishes to bring punishment on himself is familiar to all of us.

In the lower economic strata we are more aware of poor family background than in the upper brackets because the poor have little privacy. Those blessed with more social and financial resources are able to cover up the delinquencies of their children. As a result of this, children of the more privileged groups often offer a poorer prognosis. They do not come under treatment until the habit patterns are so firmly fixed that little can be done to alter them. The case of R. M., which we have previously reported, illustrates the manner in which the social position of the delinquents had been used to protect the child from the consequences of his antisocial acts.

The child needs the security and confidence of the family life. Our treatment must in a large measure supply substitutes for the primary emotional necessities that a child derives from a healthy family relationship.

VI. TYPE IN WHICH SOCIOECONOMIC FACTORS PREDOMINATE

Various attempts have been made to study the socioeconomic factors entering into delinquency, with almost as many conclusions as there have been investigators. The greatest weakness statistically is that there has been no control study in the nondelinquent population. Adequate control investigations of delinquency in relation to the percentage of occurrence in those of more favorable socioeconomic states is also lacking. Various factors such as poverty, bad housing, lack of recreation, broken homes, foreign birth of the parents, etc., have all been advanced, but the fact remains that many nondelinquents have grown up under similar conditions and have become useful citizens. However, it cannot be denied that unfavorable socioeconomic conditions have either enhanced a predisposition to delinquency or have acted as a precipitating factor. Hence, we are concerned with how the individual child has reacted to these socio-economic factors.

However, we frequently encounter cases of conduct disorders that seem to be almost "accidental" or predictable. A destructive environment allows the child no outlet for his creative abilities or no chance to develop a healthy protest reaction. Lack of proper habit training gives him no opportunity to develop social ways of response to the demands of the group.

If we are to have a proper appreciation of the socioeconomic factors that enter into juvenile delinquency we must be fully cognizant of the changing economic and social realities of the world in which we live. One of these

changing realities is that of authority. This strikes at a crucial point in delinquency. Whatever delinquency may or may not be it is a failure to conform to authority. Mereeney though it may seem, a large part of the father's authority is derived from the fact that he is holding the purse strings. In our modern society millions of fathers have no such authority. This authority has been transferred to the social worker. When a child who is secure in the love of his parent is denied certain things because his father cannot afford them he is able to accept this denial without too much resentment. But, in the home where the purse strings are held by the social worker to whom the child has no emotional attachment he feels that she is taking advantage of his helplessness, or he develops an unhealthy dependence. His own resentment is often augmented by that of his parents. He often thinks of this authority as a means of deprivation rather than a protection.

On the other hand, he fails to learn to appreciate monetary values. New shoes are not something which he must wait for until father's payday but something that is obtained by getting a slip from the worker. The child in turn takes on the apathy of his parents and there is no need to struggle for things which a beneficent state provides for him.

Life in a family which exists below a minimum budget presents many destructive factors, among them overcrowding to the extent that a degree of privacy, modesty or cleanliness cannot be obtained. The child is often stimulated prematurely in sexual matters by the observation of sexual intimacies of his parents as well as by the lack of cleanliness or carelessness.

There is also little opportunity to learn the difference between mine and thine. When there is but one pair of stockings which mother and all the daughters wear, the daughter sees no reason why she should not appropriate her employer's. The child has never had the feeling of ownership and does not know what it is to have it outraged.

There is no opportunity to teach a child to spend money wisely. We must also face the problem of the commercialization of recreation. The movies, the skating rinks, etc., all require money. Parents harassed by a struggle for economic survival have little energy for any program of planned recreation in their own home.

Along with the weakening of familial authority has come a predisposition to transfer the responsibility for the child from parental shoulders to that of the social worker. One mother told us proudly that the probation officer had been such a help with her older son that when the younger child sold her laundry to the old clothes man she took him into court. She could not assume the responsibility for taking this same son to the eye clinic and de-

pended on the social worker to do this. The oriental custom of the parent losing face when the child becomes delinquent has something to commend it. It might be well for the occidental social worker to meditate on how destructive her own influence may have been. In her zeal to get things done she may have neglected to encourage the parents of the young delinquent sufficiently to assume the responsibilities that are rightly theirs or his.

The movie thriller and gruesome radio tales have little to commend them. In addition to their destructive and suggestive influence our young delinquents use them as an escape into phantasy in much the same way as an adult resorts to narcotic addiction.

Closely allied to this is the influence of some of the modern pulp magazines which extol irregular sexual or criminal behavior and make the young delinquent feel like the star of a tragedy. Again, the press may play up the criminal in such a way as to appeal to the youthful delinquent as an intense dramatic possibility. This is often seen in their language which could have no other origin than the tabloid. In answer to the simple question, "Why don't you like school?" one such lad of 10 replied, "G'wan, you can't grill me."

We are accustomed to think of the child with a conduct disorder as one unadjusted to his group. However, some children are too well adjusted to their smaller group. Law and order are looked upon as natural enemies. Stealing vegetables offers more thrills than the best Boy Scout camp can offer.

In this type of delinquency the community has failed the child in some manner. It would seem that the child guidance worker must be alert to these factors and our work is not done until the community has been made aware of its responsibilities to children with conduct disorders.

SUMMARY

In this communication we classified the types of conduct disorders observed in our clinic. They were as follows:

- I. The type with defective personality integration.
 - (a) The type more prone to personality disorders.
 - (b) The type more prone to conduct disorders.
- II. The mental defective.
- III. The type with specific mental disabilities or the mentally handicapped child.
- IV. The organic reaction type and the physically handicapped child.
- V. The child of poor family stock or with poor familial background.
- VI. The type in which social service considerations and evaluation of the socioeconomic factors are of greater relative importance.

A combination of factors may have to be considered in a given case and these distinctions are admittedly ill-defined at times. However, from the standpoint of the predominating influences in a given case, and the procedures employed in the clinic in regard to these factors, we have found this classification useful.

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STATISTICAL REVIEW OF OCCUPATIONAL THERAPY IN NEW YORK CIVIL STATE HOSPITALS, NEWARK STATE SCHOOL AND CRAIG COLONY, 1938

BY HORATIO M. POLLOCK AND GERTRUDE M. MACK

In the statistical data set forth in this review we endeavor to show the extent and growth of the use of occupational therapy in the several institutions of the State Department of Mental Hygiene, the classes of patients given treatment and the condition of patients following treatment. No invidious comparisons of the use of occupational therapy in the several institutions are made but the tables show differences that naturally call for explanation and appropriate action.

The continued expansion of the occupational therapy departments in the several State institutions and the maintenance of the work of these departments on a high plane reflect great credit on Mrs. E. C. Slagle, director of the bureau of occupational therapy, and on Mr. James E. Simpson, supervisor of physical training. The actual administering of occupational therapy to patients is the function of the therapists and their assistants in the institutions. These workers on June 30, 1938, were classified as follows: Chief occupational therapists, 21; occupational therapists, 54; instructors in physical training, 50; other employees in occupational therapy, 129; total 254. These employees carry on their work under medical direction, all treatments being prescribed by institution physicians.

Systematic records are kept of patients treated and of the various classes conducted by each department. Monthly reports of the movement of patients in and out of occupational therapy classes are rendered to the central bureau of statistics. At the end of each fiscal year, a statistical card for each patient given occupational therapy other than physical training during the year is prepared by the occupational therapy department and forwarded to the statistical bureau. From the data thus furnished, the annual statistical review of occupational therapy in the entire State system is made possible.

MOVEMENT OF OCCUPATIONAL THERAPY PATIENTS IN STATE HOSPITALS

The extent of the occupational therapy work in the several State hospitals and the movement of patients are shown in Table 1. It will be observed that the last three columns of the table give data relative to the patients that receive physical training only. These patients are trained by physical instructors of the occupational therapy department but it is not found practicable to extend the treatment of these cases to other lines of activity.

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TABLE 1. MOVEMENT OF OCCUPATIONAL THERAPY PATIENTS IN THE STATE HOSPITALS DURING THE YEAR ENDED JUNE 30, 1938

State Hospitals	Under treatment, July 1, 1937		Admitted to treatment during year		Total under treatment during year		Left treatment during year		Under treatment, June 30, 1938		Receiving physical training only, June 30, 1938							
	Males		Females		Males		Females		Males		Females							
	Total	Females	Total	Females	Total	Males	Total	Females	Total	Males	Total	Males						
Binghamton	476	471	947	320	329	649	796	800	1,596	378	303	681	418	497	915	305	266	571
Brooklyn	324	600	1,003	835	1,838	1,279	1,159	2,438	955	845	1,800	324	314	638	150	88	238	
Buffalo	829	1,281	429	775	1,204	881	1,604	2,485	430	492	922	451	1,112	1,563	270	716	986	
Central Islip	810	1,232	1,497	1,309	2,806	1,919	2,119	4,038	1,182	1,046	2,228	737	1,073	1,810	554	732	1,286	
Creedmoor	1,116	1,912	3,028	1,090	1,862	2,952	2,206	3,774	5,980	1,195	1,791	2,986	1,011	1,983	2,994	587	1,054	1,641
Gowanda	311	250	561	375	643	1,018	686	893	1,579	419	502	921	267	391	658	169	190	359
Harlem Valley	447	478	925	278	268	546	725	746	1,471	219	243	462	506	503	1,009	379	358	737
Hudson River	1,266	1,211	2,477	684	617	1,301	1,950	1,828	3,778	515	607	1,122	1,435	1,221	2,656	1,275	715	1,990
Kings Park	82	1,052	1,117	1,458	2,575	2,087	1,540	3,627	1,361	1,117	2,478	726	423	1,149	238	123	361	
Manhattan	280	361	641	445	636	1,081	725	997	1,722	443	633	1,076	282	364	646	125	75	200
Marcy	655	634	1,289	326	476	802	981	1,110	2,091	320	526	846	661	584	1,245	589	332	921
Middletown	355	346	701	129	170	299	484	516	1,000	152	231	383	332	285	617	197	122	319
Pilgrim	952	1,940	2,892	547	974	1,521	1,499	2,914	4,413	598	865	1,461	903	2,049	2,952	698	1,470	2,168
Psychiatric Inst. and Hosp.	52	63	115	159	96	255	211	159	370	153	109	262	58	50	108	27	8	35
Rochester	576	673	1,249	366	445	811	942	1,118	2,060	414	563	977	523	555	1,083	332	177	509
Rockland	912	805	1,717	976	813	1,789	1,888	1,618	3,506	1,022	859	1,881	866	759	1,625	623	495	1,118
St. Lawrence	199	622	821	231	298	529	430	920	1,350	248	341	589	182	579	761	143	168	311
Syracuse Psychopathic Hosp.	23	15	38	371	253	624	394	268	662	365	245	610	29	23	52	..	..	..
Utica	167	471	638	200	320	520	367	791	1,158	141	550	691	226	241	467	205	90	295
Willard	458	517	975	508	624	1,132	966	1,141	2,107	557	712	1,269	409	429	838	361	250	611
Total	10,365	12,814	23,179	11,051	13,201	24,252	21,416	26,015	47,431	11,065	12,550	23,645	10,351	13,435	23,786	7,227	7,429	14,656

The volume of work indicated by Table 1 is enormous. The total patients treated in occupational classes of the State hospitals during the year numbered 47,431. Of these, 23,179 were under treatment at the beginning of the year, 24,252 were admitted to treatment, 23,645 left treatment during the year and 23,786 remained under treatment at the end of the year. The net increase during the year of patients under treatment was 607. Data for the individual hospitals show that active treatment services are maintained by every hospital. Three of the hospitals each had more than 2,600 patients in occupational therapy classes at the end of the year.

SEX OF PATIENTS

Females outnumber males in occupational therapy classes in most of the hospitals, the numbers at the close of the year being 13,435 and 10,351, respectively. The excess of females is probably due to the fact that many of the able-bodied male patients are engaged in farm or shop work for the hospitals. In some of the hospitals inadequate provision has been made for the occupational treatment of males.

In the physical training classes at the end of the year, females also exceeded males, the numbers being 7,429 and 7,227, respectively.

TABLE 2. PATIENTS IN THE OCCUPATIONAL THERAPY DEPARTMENTS OF THE NEW YORK CIVIL STATE HOSPITALS AT CLOSE OF FISCAL YEARS, 1923-1938, INCLUSIVE

Date	Number in occupational therapy departments			Number in occupational therapy departments per 100 patients in the State hospitals		
	Males	Females	Total	Males	Females	Total
June 30, 1923	*	*	5,340	*	*	16.2
June 30, 1924	*	*	7,339	*	*	18.8
June 30, 1925	*	*	9,849	*	*	24.4
June 30, 1926	5,146	6,923	12,069	26.4	31.7	29.2
June 30, 1927	5,134	7,839	12,973	25.3	34.8	30.3
June 30, 1928	5,673	7,372	13,045	26.9	31.5	29.3
June 30, 1929	5,533	7,499	13,032	25.8	31.4	28.8
June 30, 1930	5,534	8,040	13,574	24.5	32.5	28.7
June 30, 1931	5,731	8,455	14,186	24.1	32.9	28.7
June 30, 1932	7,471	9,782	17,253	29.3	36.3	32.9
June 30, 1933	8,801	11,143	19,944	32.7	39.3	36.1
June 30, 1934	8,466	11,844	20,310	30.3	40.4	35.4
June 30, 1935	8,738	11,710	20,448	29.9	38.2	34.2
June 30, 1936	9,539	11,992	21,531	31.1	37.3	34.3
June 30, 1937	10,365	12,814	23,179	32.5	38.6	35.6
June 30, 1938	10,351	13,435	23,786	31.7	39.0	35.4

*Data not available.

GROWTH

The expansion of occupational treatment in the State hospital system since 1923 is shown year by year in Table 2. The general trend both absolutely and relatively is slowly rising although the percentage of patients under treatment in 1938 was slightly lower than in 1937. The percentage of females receiving treatment is regularly higher than that of the males.

The number of patients under treatment in occupational classes, exclusive of physical training, at the end of each year since 1927 is shown in Table 3. The rate for 1933 is the highest shown in the table. Since 1933, a slight but significant decline in the rate at the end of each fiscal year has taken place.

TABLE 3. PATIENTS IN THE OCCUPATIONAL THERAPY DEPARTMENTS OF THE NEW YORK CIVIL STATE HOSPITALS (EXCLUSIVE OF THOSE IN RECEIPT OF PHYSICAL TRAINING ONLY)

Date	Number			Number per 100 patients in the State hospitals		
	Males	Females	Total	Males	Females	Total
June 30, 1927	2,098	4,714	6,812	10.3	21.0	15.9
June 30, 1928	2,421	4,658	7,079	11.5	19.9	15.9
June 30, 1929	2,481	4,373	6,854	11.6	18.3	15.1
June 30, 1930	2,761	4,927	7,688	12.2	19.9	16.2
June 30, 1931	2,744	4,974	7,718	11.6	19.4	15.6
June 30, 1932	3,147	5,701	8,848	12.3	21.2	16.9
June 30, 1933	3,902	6,395	10,297	14.5	22.6	18.6
June 30, 1934	3,209	5,941	9,150	11.5	20.2	16.0
June 30, 1935	2,912	5,722	8,634	10.0	19.4	14.4
June 30, 1936	3,016	5,981	8,997	9.8	18.6	14.3
June 30, 1937	3,570	5,619	9,189	11.2	16.9	14.1
June 30, 1938	3,124	6,006	9,130	9.6	17.4	13.6

CASES TREATED DURING THE YEAR

Table 4 shows for each State hospital the total patients treated in occupational therapy classes other than physical training during the year ended June 30, 1938. The grand total 18,597 is less than that of the previous year by 131. However, noteworthy increases in treated patients are reported by several State hospitals. In the system as a whole the percentage of patients treated decreased from 22.0 in 1937, to 21.1 in 1938. The percentage of males dropped from 18.2 to 17.6 and that of the females from 25.9 to 24.6. High rates of treated cases are reported by Brooklyn, Buffalo, Creedmoor, Kings Park and St. Lawrence State hospitals. The Psychiatric Institute and Hospital gave occupational treatment to 58.9 per cent of its

TABLE 4. PATIENTS* TREATED IN OCCUPATIONAL THERAPY DEPARTMENTS OF THE NEW YORK CIVIL STATE HOSPITALS DURING THE FISCAL YEAR ENDED JUNE 30, 1938

State hospitals	Number			Rate per 100 patients under care in the State hospitals during year		
	Males	Females	Total	Males	Females	Total
Binghamton	277	350	627	13.8	22.5	17.6
Brooklyn	887	788	1,675	37.6	33.7	35.6
Buffalo	395	631	1,026	32.1	37.2	35.1
Central Islip	535	816	1,351	11.8	21.8	16.3
Creedmoor	542	877	1,419	23.0	27.6	25.6
Gowanda	235	291	526	14.8	22.8	18.3
Harlem Valley	127	146	273	5.8	4.7	5.2
Hudson River	180	539	719	7.3	19.0	13.5
Kings Park	941	848	1,789	23.2	31.7	26.6
Manhattan	533	834	1,367	18.1	25.9	22.2
Marcy	260	535	795	14.2	39.4	24.9
Middletown	151	319	470	7.9	15.8	12.0
Pilgrim	504	984	1,488	11.4	20.6	16.2
Psychiatric Inst. and Hos.	158	144	302	52.0	68.9	58.9
Rochester	389	385	774	22.7	18.3	20.3
Rockland	603	618	1,221	18.5	18.7	18.6
St. Lawrence	466	974	1,440	37.9	68.9	54.5
Syracuse Psycho. Hos...	366	238	604	85.5	79.6	83.1
Utica	37	151	188	3.0	11.4	7.4
Willard	143	400	543	8.0	22.6	15.2
Total	7,729	10,868	18,597	17.6	24.6	21.1

*Exclusive of those in receipt of physical training only.

TABLE 5. PATIENTS* TREATED IN THE OCCUPATIONAL THERAPY DEPARTMENTS OF THE NEW YORK CIVIL STATE HOSPITALS DURING THE FISCAL YEARS, 1926-1938

Year	Number			Rate per 100 patients under care in the State hospitals during year		
	Males	Females	Total	Males	Females	Total
1926	2,817	5,867	8,684	11.1	21.2	16.4
1927	3,239	6,723	9,962	12.3	23.9	18.3
1928	3,814	7,210	11,024	13.7	24.6	19.3
1929	4,504	7,587	12,091	15.6	25.0	20.4
1930	4,834	8,263	13,097	16.0	26.2	21.2
1931	5,293	8,658	13,951	16.8	26.6	21.8
1932	5,900	9,647	15,547	17.7	28.3	23.1
1933	6,338	9,945	16,283	17.9	27.7	22.8
1934	7,269	10,873	18,142	19.5	29.1	24.3
1935	7,253	10,776	18,029	18.6	27.6	23.1
1936	7,372	10,860	18,232	18.2	26.6	22.4
1937	7,709	11,019	18,728	18.2	25.9	22.0
1938	7,729	10,868	18,597	17.6	24.6	21.1

*Exclusive of those receiving physical training only.

patients, and the Syracuse Psychopathic Hospital to 83.1 per cent. In all the hospitals except Brooklyn, Harlem Valley, Rochester, and Syracuse Psychopathic the percentage of males treated was lower than that of the females. Low percentages of males treated are reported by Harlem Valley, Hudson River, Middletown, Utica and Willard State hospitals. Compared with 1937, gains in percentages of treated patients are noted in 8 of the 20 hospitals.

Trends in total patients treated are shown by sex in Table 5. A slight decrease in both numbers and percentages of cases treated is shown for 1938. Although the percentage of females treated is constantly higher than that of males, the trends in the two sexes are practically the same.

MENTAL CLASSIFICATION OF PATIENTS TREATED

The mental classification of treated patients is shown in Table 6. The data indicate that occupational treatment is made available to patients of all clinical groups. The proportion of treated patients in the various groups vary considerably. In all groups together the percentage of treated patients was 18.0 among males, 24.7 among females, and 21.4 among both sexes combined.

The psychotic groups represented by the largest numbers of treated patients were: General paresis, 904; with cerebral arteriosclerosis, 1,073; involutional, 890; manic-depressive, 2,324, and dementia praæcox, 9,103. The percentage of cases of the last named group treated in occupational therapy classes was less than the average percentage of all groups combined. As would be expected, the senile group had the smallest percentage of patients in occupational therapy classes. Mental disorders with high percentages of treated patients include the encephalitic, the convulsive, the involutional, the manic-depressive and the psychopathic personality groups. A large part of the children with primary behavior disorders are given occupational therapy.

AGE OF PATIENTS RECEIVING OCCUPATIONAL THERAPY

The age distribution of patients in occupational therapy classes at the end of the fiscal year of 1938 is given in Table 7. More than half of the patients treated were between 25 and 50 years of age but each of the other quinquennial age groups are well represented in the table. The average age of the patients in the occupational therapy classes is gradually increasing but there is but little change from year to year.

TABLE 6. MENTAL DISORDERS OF PATIENTS TREATED IN OCCUPATIONAL THERAPY DEPARTMENTS OF THE NEW YORK CIVIL STATE HOSPITALS DURING THE FISCAL YEAR ENDED JUNE 30, 1938

Mental disorders	Number			Rate per 100 patients in the State hospitals		
	Males	Females	Total	Males	Females	Total
General paresis	644	260	904	17.8	22.3	18.9
With other syphilis of central nervous system ..	84	68	152	17.6	28.1	21.1
With epidemic encephalitis	86	60	146	32.3	34.5	33.2
With other infectious diseases	10	9	19	9.7	*	10.7
Alcoholic	477	188	665	16.7	23.5	18.2
Due to drugs or other exogenous poisons	16	25	41	*	*	31.1
Traumatic	97	8	105	18.1	*	16.7
With cerebral arteriosclerosis	529	544	1,073	13.8	15.9	14.8
With other disturbances of circulation	13	21	34	*	*	20.1
With convulsive disorders	221	245	466	24.4	29.9	27.0
Senile	102	173	275	7.8	8.0	7.9
Involutional	184	706	890	23.7	33.3	30.7
Due to other metabolic, etc. diseases	13	30	43	*	19.9	20.1
Due to new growth	7	1	8	*	*	*
With organic changes of nervous system	50	44	94	15.6	20.6	17.6
Psychoneuroses	161	324	485	29.4	43.1	37.4
Manic-depressive	573	1,751	2,324	22.6	32.7	29.4
Dementia praecox	3,687	5,416	9,103	17.2	23.9	20.6
Paranoia and paranoid conditions	75	193	268	14.8	22.3	19.5
With psychopathic personality	173	195	368	22.8	33.4	27.4
With mental deficiency ..	217	397	614	16.7	26.2	21.8
Undiagnosed	98	116	214	28.3	38.3	33.0
Without psychosis	128	47	175	46.5	*	47.2
Primary behavior disorders	84	47	131	55.6	*	56.2
Total	7,729	10,868	18,597	18.0	24.7	21.4

*Rates were not computed when base was less than 100.

TABLE 7. AGE DISTRIBUTION OF PATIENTS IN OCCUPATIONAL THERAPY CLASSES AT END OF YEAR

Age group, years	Number			Per cent		
	Males	Females	Total	Males	Females	Total
Under 15	205	112	317	2.7	1.0	1.7
15 to 19	433	389	822	5.6	3.6	4.4
20 to 24	845	858	1,703	10.9	7.9	9.2
25 to 29	908	1,193	2,101	11.7	11.0	11.3
30 to 34	834	1,352	2,186	10.8	12.4	11.8
35 to 39	1,000	1,414	2,414	12.9	13.0	13.0
40 to 44	779	1,358	2,137	10.1	12.5	11.5
45 to 49	658	1,175	1,833	8.5	10.8	9.9
50 to 54	594	1,002	1,596	7.7	9.2	8.6
55 to 59	506	691	1,197	6.5	6.4	6.4
60 to 64	354	525	879	4.6	4.8	4.7
65 to 69	277	349	626	3.6	3.2	3.4
70 and over	293	347	640	3.8	3.2	3.4
Unascertained	43	103	146	0.6	0.9	0.8
Total	7,729	10,868	18,597	100.0	100.0	100.0

CONDITION OF TREATED PATIENTS AT END OF YEAR OR AT TIME OF LEAVING TREATMENT

To check up the condition of patients remaining under treatment at end of year, a general survey of such patients is made by the ward physicians and the occupational therapists. The condition of each patient who leaves the occupational therapy classes during the year is recorded at the time of departure. From the survey and records, data are obtained for filling out the statistical cards from which Table 8 is prepared.

Of the 18,597 patients treated, 703, or 3.8 per cent, were reported as recovered; 8,122, or 43.7 per cent, as improved; 9,273, or 49.9 per cent, as unimproved; 261, or 1.4 per cent, died; and 238, or 1.3 per cent, were unreported as to condition. The small rate of recoveries is due to the fact that many patients leave occupational therapy to go into hospital industries or on parole prior to complete recovery. The large number of unimproved cases is accounted for in part by the short period of treatment and in part by the impossibility of changing the mental condition of many of the continued treatment patients who come into occupational classes.

Considerable variation in reported condition is shown by the figures relating to the patients of the various hospitals. Part of the variation may be due to the application of different standards in reporting and part to differences in patients treated.

STATISTICAL REVIEW OF OCCUPATIONAL THERAPY

TABLE 8. PER CENT DISTRIBUTION OF REPORTED CONDITION OF PATIENTS TREATED IN OCCUPATIONAL THERAPY DEPARTMENTS OF NEW YORK CIVIL STATE HOSPITALS DURING THE YEAR ENDED JUNE 30, 1938

State hospitals	Total number			Recovered			Improved			Unimproved			Died			Unreported		
	Males		Females	Males		Females	Males		Females	Males		Females	Males		Females	Males		Females
	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females
Binghamton	277	350	627	6.1	4.6	5.3	46.9	45.4	46.1	39.4	46.6	43.4	1.1	0.6	0.8	6.5	2.9	4.5
Brooklyn	887	788	1,675	6.2	4.2	5.3	67.6	62.9	65.4	24.2	31.5	27.6	1.8	1.4	1.6	0.1	..	0.1
Buffalo	395	631	1,026	0.8	..	0.3	60.5	42.8	49.6	37.7	56.1	49.0	1.0	1.1	1.1	..	..	..
Central Islip	535	816	1,351	9.0	3.1	5.4	43.7	27.6	34.0	46.9	69.2	60.4	0.4	0.1	0.2	..	..	..
Creedmoor	542	877	1,419	..	1.3	0.8	36.7	41.0	39.4	62.4	57.1	59.1	0.9	0.6	0.7	..	..	..
Gowanda	235	291	526	8.5	10.0	9.3	38.7	34.0	36.1	48.9	53.3	51.3	1.7	1.0	1.3	2.1	1.7	1.9
Harlem Valley	127	146	273	..	..	..	38.6	56.2	48.0	61.4	43.8	52.0	..	..	..	..	..	..
Hudson River	180	539	719	..	..	..	7.8	20.2	17.1	91.7	78.8	82.1	0.6	0.9	0.8	..	..	..
Kings Park	941	848	1,789	1.5	1.3	1.4	39.2	36.1	37.7	57.2	60.6	58.8	2.0	2.0	2.0	0.1	..	0.1
Manhattan	533	834	1,367	6.8	12.0	9.9	49.5	46.5	47.7	42.0	39.0	40.2	1.7	2.4	2.1	..	0.1	0.1
Marcy	260	535	795	9.6	3.2	5.3	45.8	32.7	37.0	42.3	60.6	54.6	1.5	3.2	2.6	0.8	0.4	0.5
Middletown	151	319	470	..	2.5	1.7	60.3	72.1	68.3	27.2	22.3	23.8	0.6	3.1	2.3	11.9	..	3.8
Pilgrim	504	984	1,488	..	..	..	31.3	25.1	27.2	67.7	74.1	71.9	0.8	0.5	0.6	0.2	0.3	0.3
Psychiatric Inst. and Hosp.	158	144	302	11.4	18.1	14.6	46.2	50.7	48.3	39.9	29.2	34.8	0.6	0.7	0.7	1.9	1.4	1.7
Rochester	389	385	774	1.5	13.2	7.4	35.0	27.8	31.4	57.6	56.6	57.1	3.9	2.3	3.1	2.1	..	1.0
Rockland	603	618	1,221	2.3	0.6	1.5	57.2	40.8	48.9	40.1	58.1	49.2	0.3	0.3	0.3	..	0.2	0.1
St. Lawrence	466	974	1,440	..	..	..	68.5	77.9	74.9	25.9	19.0	21.3	2.8	2.4	2.8	0.8	1.5	..
Syracuse Psychopathic Hosp.	366	238	604	19.7	17.6	18.9	20.2	24.4	21.9	37.7	41.6	39.2	0.8	0.8	0.8	21.6	15.5	19.2
Utica	37	151	188	..	1.3	1.1	59.5	33.8	38.8	40.5	60.3	56.4	..	0.7	0.5	..	4.0	3.2
Willard	143	400	543	..	..	..	28.7	27.3	27.6	65.7	67.0	3.5	2.5	2.8	2.1	2.8	2.6	
Total	7,729	10,868	18,597	4.2	3.5	3.8	46.2	41.9	43.7	46.2	52.5	49.9	1.4	1.4	1.4	2.0	0.8	1.3

TRENDS IN REPORTED CONDITION

Table 9 gives comparative data relative to the per cent distribution of the reported condition of treated patients for the years 1926-1938. Some variation in results from year to year is seen but no marked upward or downward trends are in evidence. Considerable difference in percentages of improved and unimproved cases in the two sexes is seen in the table. The reasons for such differences are not known.

TABLE 9. REPORTED CONDITION OF PATIENTS AFTER TREATMENT IN OCCUPATIONAL THERAPY DEPARTMENTS OF THE NEW YORK CIVIL STATE HOSPITALS, PER 100 UNDER TREATMENT DURING FISCAL YEARS ENDED JUNE 30, 1926-1938

Year	Per 100 under treatment														
	Recovered			Improved			Unimproved			Died			Unreported		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
1926	2.2	1.9	2.0	45.3	48.7	47.5	49.7	45.6	46.9	1.4	1.6	1.6	1.4	2.2	2.0
1927	1.9	2.3	2.2	46.8	50.0	49.0	49.2	44.6	46.1	0.9	1.1	1.0	1.2	2.0	1.7
1928	2.6	2.4	2.4	47.5	45.6	46.3	47.8	49.7	49.0	1.0	1.6	1.4	1.1	0.7	0.9
1929	2.2	2.2	2.2	49.9	47.1	48.2	45.1	48.7	47.3	1.7	1.6	1.6	1.1	0.4	0.7
1930	2.3	2.3	2.3	47.1	43.1	44.6	48.0	52.3	50.7	1.8	1.5	1.6	0.8	0.7	0.7
1931	2.3	2.8	2.6	49.4	42.9	45.4	45.8	52.0	49.6	1.4	1.8	1.7	1.0	0.6	0.8
1932	2.9	3.0	2.9	48.1	40.8	43.6	45.6	53.7	50.6	1.6	2.0	1.8	1.8	0.6	1.0
1933	2.4	3.0	2.7	48.5	46.7	47.4	45.4	47.7	46.8	1.1	1.5	1.4	2.7	1.0	1.7
1934	3.7	3.0	3.3	48.7	43.5	45.6	44.9	50.4	48.2	1.2	1.7	1.5	1.5	1.4	1.4
1935	3.4	2.5	2.9	44.5	42.5	43.3	48.5	52.4	50.9	1.5	1.3	1.4	2.1	1.3	1.6
1936	3.0	2.2	2.5	48.7	44.6	46.3	43.8	49.9	47.4	1.9	1.7	1.8	2.7	1.6	2.0
1937	2.8	2.9	2.9	46.8	44.4	45.4	45.9	50.2	48.4	2.0	1.7	1.8	2.5	0.8	1.5
1938	4.2	3.5	3.8	46.2	41.9	43.7	46.2	52.5	49.9	1.4	1.4	1.4	2.0	0.8	1.3

OCCUPATIONAL THERAPY IN NEWARK STATE SCHOOL (Tables 10-12)

Newark State School was the only one of the State schools to submit statistical cards for the patients in occupational therapy classes during the fiscal year. The movement of patients in occupational therapy in this institution is shown by Table 10. The patients under treatment at the close

TABLE 10. MOVEMENT OF OCCUPATIONAL THERAPY PATIENTS IN NEWARK STATE SCHOOL DURING THE YEAR ENDED JUNE 30, 1938

	Males	Females	Total
Under treatment July 1, 1937	322	477	799
Admitted to treatment during year	130	121	251
Total under treatment during year	452	598	1,050
Left treatment during year	110	115	225
Under treatment June 30, 1938	342	483	825
Receiving physical training only, June 30, 1938	179	135	314

TABLE 11. AGE DISTRIBUTION OF PATIENTS IN OCCUPATIONAL THERAPY CLASS IN NEWARK STATE SCHOOL, CLASSIFIED ACCORDING TO MENTAL STATUS, YEAR ENDED JUNE 30, 1938

Age group, years	Total			Idiot			Imbecile			Moron			Borderline			Unascertained		
	Males		Females	Males		Females	Males		Females	Males		Females	Males		Females	Males		Females
	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females
Under 10	46	23	69	3	1	4	23	8	31	9	4	13	5	8	13	6	2	8
10 to 14	102	102	204	..	2	2	22	29	51	47	34	81	33	36	69	..	1	1
15 to 19	61	113	174	..	8	8	16	34	50	32	49	81	11	21	32	2	1	3
20 to 24	4	31	35	..	12	12	..	9	9	2	4	6	2	6	8	..	..	..
25 to 29	2	16	18	..	3	3	2	9	11	..	2	2	..	1	1	..	1	1
30 to 34	1	10	11	..	2	2	..	5	5	..	3	3	..	..	..	1	..	1
35 to 39	1	9	10	..	3	3	..	3	3	1	3	4	..	..	..	..	..	..
40 to 44 . . . . .	..	5	5	..	1	1	..	4	4	..	..	..	..	..	..	..	..	..
45 to 49 . . . . .	..	5	5	..	1	1	..	3	3	..	1	1	..	..	..	..	..	..
50 and over . . . . .	..	2	2	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..
Unascertained . . . . .	..	2	2	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..
Total	217	318	535	3	35	38	63	104	167	91	102	193	51	72	123	9	5	14

of the year included 342 males and 483 females, a total of 825. The increase during the year was 26. The patients receiving physical training only at end of year comprised 179 males and 135 females, a total of 314.

The age distribution and the mental status of the patients treated, other than those receiving physical training only, are shown in Table 11. Of the 535 cases, 38 were idiots; 167, imbeciles; 193, morons; 123, borderline; and 14 cases whose mental status was unknown.

The ages of the patients treated ranged from under 10 to over 50, but 378 of the 535 cases were between 10 and 20 years of age.

With respect to condition at end of year or time of discontinuance of treatment, 286 of the 535 patients were reported as improved, 190 as unimproved, 1 as having died and 58 as unascertained.

TABLE 12. REPORTED CONDITION* OF PATIENTS TREATED IN OCCUPATIONAL THERAPY CLASS IN NEWARK STATE SCHOOL DURING THE YEAR ENDED JUNE 30, 1938

	Males	Females	Total
Improved	175	111	286
Unimproved	35	155	190
Died .....	..	1	1
Unreported	7	51	58
<hr/> Total	<hr/> 217	<hr/> 318	<hr/> 535

*At end of year or at time of discontinuance of treatment.

OCCUPATIONAL THERAPY IN CRAIG COLONY (Tables 13-15)

Data concerning the operations of the occupational therapy department in Craig Colony for Epileptics are given in the accompanying tables. Patients under treatment during the fiscal year comprised 425 males and 518 females, a total of 943. During the year, 320 patients left treatment, leaving 623 under treatment at the end of the year. Of these, 435 were receiving physical training only. The patients given occupational therapy proper during the year numbered 323, of which 96 were males and 227 females.

TABLE 13. MOVEMENT OF OCCUPATIONAL THERAPY PATIENTS IN CRAIG COLONY FOR EPILEPTICS DURING THE YEAR ENDED JUNE 30, 1938

	Males	Females	Total
Under treatment July 1, 1937	61	263	324
Admitted to treatment during year	364	255	619
<hr/> Total under treatment during year	<hr/> 425	<hr/> 518	<hr/> 943
Left treatment during year	144	176	320
<hr/> Under treatment June 30, 1938	<hr/> 281	<hr/> 342	<hr/> 623
Receiving physical training only, June 30, 1938	231	204	435

All age groups were represented in the patients treated but 222 of the 323 cases were between the ages of 10 and 35.

TABLE 14. AGE DISTRIBUTION OF PATIENTS IN OCCUPATIONAL THERAPY CLASS IN CRAIG COLONY FOR EPILEPTICS AT END OF YEAR

Age group, years	Males	Females	Total
Under 10	23	9	32
10 to 14	44	26	70
15 to 19	15	36	51
20 to 24	7	39	46
25 to 29	1	31	32
30 to 34	2	21	23
35 to 39	2	25	27
40 to 44 . . . . .	..	10	10
45 to 49 . . . . .	..	9	9
50 to 54	2	11	13
55 to 59 . . . . .	..	4	4
60 and over . . . . .	..	6	6
Total	96	227	323

With respect to condition of treated patients at end of year, Table 15 shows 34 as improved, 278 as unimproved, 11 as having died. The table, however, is not to be construed as indicating the value of the occupational treatment. Although the convulsive disorders of some of the patients may not be favorably affected, the treatment makes the patients happier, more contented, and more useful members of the colony.

TABLE 15. REPORTED CONDITION* OF PATIENTS TREATED IN OCCUPATIONAL THERAPY CLASSES** IN CRAIG COLONY DURING THE YEAR ENDED JUNE 30, 1938

	Males	Females	Total
Improved	22	12	34
Unimproved	73	205	278
Died	1	10	11
Total	96	227	323

*At end of year or at time of discontinuance of treatment.

**Does not include those receiving physical training only.

GENERAL COMMENT

1. Occupational therapy is being maintained in the State hospitals on a high level. Due to unfortunate circumstances losses in certain hospitals have occurred. In other hospitals considerable gains are shown.
2. The need of greater provision for the occupational treatment of male patients in a few hospitals is indicated.
3. Gradual development in the occupational therapy departments of Newark State School and of Craig Colony is noted.

SUMMARY OF LEGISLATION OF 1939 OF INTEREST TO THE DEPARTMENT OF MENTAL HYGIENE

BY LEWIS M. FARRINGTON
SECRETARY, STATE DEPARTMENT OF MENTAL HYGIENE

The 1939 session of the Legislature considered a total of 2,298 bills in the Senate and 2,340 bills in the Assembly, a grand total of 4,638 bills. For purposes of comparison, I give the number of bills considered in recent years:

1939	4,638
1938	4,553
1937	4,678
1936	4,501
1935	4,651

The number of bills of interest to the department continues to show an increase each year. The classification is as follows:

1. Appropriations.
2. Mental Hygiene.
3. Pension Legislation.
4. Civil Service.
5. Labor (workmen's compensation).
6. Contracts and Bonds.
7. Liens.
8. Correction and Penal.
9. Social Welfare, Domestic Relations, Social Security,
 Unemployment and Old Age.
10. Medical Practice.
11. Claims.
12. Miscellaneous.

Because of space limitations I shall comment only on bills which passed both houses of the Legislature and reached the Governor for consideration. As a result of the very late adjournment of the Legislature and the 30-day period provided by law for the Governor's consideration of bills passed by the Legislature, it has not been possible to undertake the preparation of this summary until late in the month of June.

210 SUMMARY OF LEGISLATION OF INTEREST TO THE DEPARTMENT

APPROPRIATIONS

In view of the fact that the Court of Appeals has held that Part I of the annual appropriation bill is unconstitutional, comment on appropriations for maintenance of the department and institutions must be reserved for later presentation. The uncontested parts of the budget bill became Chapter 460.

The Governor's budget as submitted to the Legislature provided a reduction from last year's maintenance appropriations of \$549,293. The Legislature further reduced the Governor's recommendations in a total amount of \$1,525,960.33. However, in a supplemental appropriation bill, Chapter 922, items were restored totaling \$1,140,000. Consequently, if Part I of the budget had passed the court test, the department would have had to operate on appropriations reduced by a total of \$935,253, from those of the fiscal year ending June 30, 1939; notwithstanding an estimated increase in the daily population of not less than 2,500 inmates for the fiscal year beginning July 1, 1939.

Chapter 609 amends Chapter 523 of the Laws of 1938, appropriating bond moneys for new construction by providing additional outlays for construction that chapter authorized at the Central Islip State Hospital and at the Kings Park State Hospital. It also provides an appropriation of \$61,000 for addition to female infirmary building at Letchworth Village.

Chapter 610 appropriates \$95,000 for construction of addition to laundry at the Rockland State Hospital.

Chapter 466 appropriates bond moneys amounting to \$13,268,000 for the following new construction for this department:

New State school (Willowbrook)	\$6,830,000
New State hospital	5,628,000
New power plant, Binghamton State Hospital..	810,000

I am including under this heading the following chapters inasmuch as they have a relation to appropriations:

Chapter 910 suspends salary increments of certain persons in the public service for the fiscal year beginning July 1, 1939, excepting employees whose salary and increments amount to \$3,500 or less while such employee is receiving less than such minimum; further the act does not apply to employees of State institutions for whose salaries semi-annual increments are provided by law other than superintendents of such institutions; and no employee shall receive an increment during the fiscal year which would in-

crease his salary to more than the minimum for his grade. The act further provides that no salary or compensation of any person in the public service shall be increased except by promotion during the fiscal year except as provided by this chapter.

Chapter 912 provides that the salary of a State officer or employee shall not be decreased or reduced from the rate previously paid unless such decrease or reduction is specifically and expressly approved by the Director of the Budget. The act further provides that any such reduction shall not be deemed a reduction for retirement purposes in any State Retirement System, and shall not reduce pension or retirement allowances and contributions shall be on the basis of the undiminished salary.

One bill (A-2337) included in this classification was vetoed by the Governor. This provided for the establishment of an office of legislative auditor who was authorized to perform a postaudit of all accounts, vouchers, and other financial records of the State government or any department, division, bureau, board, commission, institution, agency or officer or employee thereof. The bill gave full authority to carry out this general grant of power and provided the sum of \$50,000.

MENTAL HYGIENE

Under this heading we include all bills amending the Mental Hygiene Law; bills sponsored by the department; and some other bills which it is thought may best be classified under this heading.

Chapter 4 is a department bill and authorizes the exchange of lands at Creedmoor and at the site of the new State school on Staten Island between the city and the State. This is enabling legislation to permit cooperation with the development of parks and parkways without interfering with development plans for the institutions.

Chapter 216 amends the Public Welfare Law by requiring employers on request to give public welfare officials, social welfare department, child welfare board, children's court and Mental Hygiene Department information relating to facts concerning wages, salaries, et cetera.

Chapter 653 amends the Labor Law by combining in one new section 168, the provisions relating to hours of labor of certain State employees heretofore covered by Chapters 146 and 249 of the Laws of 1937 without change in their provisions.

212 SUMMARY OF LEGISLATION OF INTEREST TO THE DEPARTMENT

Chapter 558 is department legislation and amends the procedure in relation to acquisition of real property; lands and easement rights by entry and appropriation.

Chapter 861 amends the Code of Criminal Procedure, Sections 658 to 662, a, b, c and d inclusive; also Section 890. In effect this abolishes the present system of lunacy commissions and sets up a procedure whereby persons charged with crime shall be examined for sanity by qualified psychiatrists. The law merits careful examination by hospital executives.

Chapter 638 amends the Mental Hygiene Law in relation to the State Hospital Retirement System by striking out of Section 176 the obsolete provision for transfer to the New York State Employees' Retirement System. Also provides that any member of the State Hospital System whose wages or maintenance is reduced during the twenty-fifth year of service or any subsequent year, shall continue to contribute on the basis of the highest income for the 24 years of service.

Chapter 492 amends the Domestic Relations Law by adding a new Subdivision 7 to Section 61, conferring jurisdiction upon the court in New York City, to order mental, physical or psychiatric examinations or to commit for observation purposes after notice to the person to be examined or committed. A new Section 72a is added relative to issuance of summons in lieu of arrest. Section 111 is amended to cover the statute when the petitioner is unable because of physical or mental condition to file a petition.

Assembly bill (1878) was vetoed by the Governor. It provided for substantial amendments to the Finance Law providing for the establishment of a State Budget System and other important provisions. The bill is included under this heading because of its important bearing on the work of the department.

Assembly bill (1893) was vetoed by the Governor. It provides sick leave with pay for certain institutional employees.

Senate bill (2176) vetoed by the Governor, made important changes in the Code of Criminal Procedure; in part along the lines of Chapter 861 above mentioned and which was approved by the Governor.

PENSION LEGISLATION

An unusual number of bills seeking to modify or liberalize special provisions of the Retirement Law were introduced. A great many of these special bills failed in the Assembly.

The following bills of interest to the department reached the Governor:

Chapter 748 amends the Civil Service Law in relation to prior service by extending the period to January 1, 1940, with the requirement that at least two years of additional service must be rendered after last becoming a member.

Chapter 237 amends Section 64 of the Civil Service Law regarding ordinary disability retirement by permitting the Comptroller to fix some day other than one within 90 days for the filing of an application.

Chapter 656 repeals obsolete provisions relating to retirement of Civil War veterans.

Chapter 346 extends to January 1, 1940, for all persons in service in State Hospital System to become members of State Employees' Retirement System, to receive credit for service prior to January 1, 1921, and a similar provision for credit for service after that date.

Chapter 856 amends subdivision 1 of Section 58 of the Civil Service Law relative to additional retirement annuity and restricts interest rate to that deemed by the Comptroller to be the prevailing rate of interest on savings bank deposits.

Assembly bill (486) permitting members to elect to withdraw contributions in lieu of annuity as now permitted those with less than five years service, was vetoed by the Governor.

CIVIL SERVICE

As usual many bills relating to civil service matters were introduced. A great majority failed of passage. Comments are limited to those which reached the Governor.

Chapter 799 amends the Civil Service Law by providing for payment of fees by candidates for civil service examinations; minimum rate of 50 cents for salaries less than \$1,200 a year up to a fee of \$5 for salaries of more than \$5,000.

Chapter 767 amends Section 10 of the Civil Service Law relating to the rules for classified State service by requiring that candidates must be a citizen of the United States and a resident of New York State for at least two of the last five years immediately preceding the date of the examination.

Chapter 811 adds new section 14e to Civil Service Law prohibiting discrimination in appointment on account of race, color or creed. This act

214 SUMMARY OF LEGISLATION OF INTEREST TO THE DEPARTMENT

takes effect September 1, 1939. Appointing officers should examine this chapter.

Chapter 547, so-called anticomunists bill adds a new section to Civil Service Law prohibiting employment of those advocating or teaching the overthrow of the government of the United States or the organization of societies for that purpose.

Chapter 747 adds new section 25b to the Civil Service Law prohibiting discrimination against persons in examination, certification and employment solely by reason of blindness.

Chapter 904 continues the Salary Standardization Board to December 1, 1940; makes other changes and amendments in the matter of allocation, annual increments, etc. Appointing officers should examine this statute.

Chapter 862 creates a temporary State commission to make a study of the application of the civil service provisions of the statute to the political subdivisions of the State not now subject to the civil service laws, and the cost of extension to such subdivisions. An appropriation of \$20,000 is made.

Assembly bill (392) permitting inspection of records of employment, personnel and vacancies in State and local offices by discharged veterans and voluntary firemen to determine vacancies, et cetera, was vetoed by the Governor.

Assembly bill (541) providing that employees in the classified service who had served five years in present position shall receive minimum salary of grade to which position has been allocated and increment allowed, was vetoed by the Governor.

Assembly bill (1178) amended Section 16 of the Civil Service Law requiring the board of education in a city having a population of one million or more, to certify such of its employees as are in the specified civil service grade and was vetoed by the Governor.

Senate bill (1064) required appointing officers, if appointing other than the one highest on the list, to make a sworn certification of the reasons therefor, and that such act was not done by reason of race, color or creed. This was vetoed by the Governor.

Senate bill (1322) provided that every rule, regulation, resolution, requirement or act of the civil service commission shall be subject to court review both on the law and on the facts. This was vetoed by the Governor.

Senate bill (2243) amended subdivision 7, section 40, by inserting two additional grades, 1a and 1b in the professional service group. This was vetoed by the Governor.

LABOR

A considerable number of bills included in this heading were introduced but very few reached the Governor. His action on these bills follows:

Chapter 920 amends Section 24 of the General Construction Law by providing that each Saturday in the months of July and August, any bank or trust company doing business within the State may remain closed upon the adoption of a resolution to such effect by a majority vote of the board of directors.

Chapter 742 adds a new Section 169a to the Labor Law, providing one day of rest in seven for State employees excepting officers and members of the State police force. The bill is of no special interest to the department, whose employees for many years have had one day off duty a week or its equivalent.

Assembly bill (1914) amended Section 168 of the Labor Law by including among institutional employees on the eight-hour day, those protecting the buildings and grounds thereof. Specifically this applies to institution watchmen and policemen. Inasmuch as the bill carried no appropriation and the department estimated the additional expense would amount to some forty to fifty thousand dollars a year, it reluctantly opposed the passage of this bill. The bill was vetoed by the Governor.

CONTRACTS AND BONDS

No bill included under this heading reached the Governor.

LIEN LAW

No bill classified under this heading reached the Governor.

CORRECTION AND PENAL LAW

A number of bills included under this heading reached the Governor and are noted briefly. None of these is of major interest to the department.

Chapter 260 makes a minor change in Section 439 of the Correction Law relative to requiring new clothing for prisoners transferred.

Chapter 372 amends Section 438 of the Correction Law relative to commitments to Napanoch by striking out the provision for transfer from other

216 SUMMARY OF LEGISLATION OF INTEREST TO THE DEPARTMENT

institutions. A new Section 438a is added covering transfers from other institutions to Napanoch and Woodbourne. Section 439 is amended to make it apply to felons only.

Chapter 160 amends Section 408 of the Correction Law by striking out the provision requiring new clothing for transfers from other institutions to Matteawan State Hospital.

Chapter 136 amends Section 383 of the Correction Law by striking out a similar provision concerning clothing of prisoners transferred to Dannemora State Hospital.

Chapter 139 amends Section 400 of Correction Law by correcting certain references therein to the Code of Criminal Procedure.

Chapter 140 amends Section 430 of the Correction Law by requiring persons admitted to be convicted of criminal offenses.

Chapter 575 adds a new Section 448 to the Correction Law permitting the superintendent of the institution at Napanoch to permit an inmate to attend a funeral of his parent, child, brother, sister or spouse within the State or to visit such relative during serious illness, subject to the rules of the department.

SOCIAL WELFARE

There were a large number of bills introduced which are included in this classification but owing to space limitations, we will comment only on those which reached the Governor.

Chapter 2 amends Chapter 1 of the Laws of 1938 by extending the time of the State Board of Social Welfare for study and recommendations on a statute embracing the necessary provisions of law relating to social welfare, from the first day of February, 1939, to the first day of March, 1940.

Chapter 65 amends Section 56 of the Code of Criminal Procedure in relation to jurisdiction of courts of special session by adding a new subdivision 27a reading as follows: "Unlawfully omitting to provide for a child in violation of subdivision 1 of Section 482 of the Penal Law." This amendment becomes effective September 1, 1939.

Chapter 540 amends subdivision A, Section 13 of the Workmen's Compensation Law by requiring the employer to furnish artificial members of the body or other devices or appliances necessary in the first instance to replace, support or relieve the portion or part of the body resulting from accident, et cetera.

Chapter 33 extends to April 15, 1939, date for report of temporary commission studying the living conditions of urban colored population.

Chapter 525 amends Section 18 of Workmen's Compensation Law relative to giving of notice of injury or death by requiring that the employer and the carrier shall be deemed to have waived such notice unless objection is raised on the first hearing at which all parties in interest are present or represented and at which the claimant or principal beneficiary testified.

Chapter 404 amends subdivision 4 of Section 54 of the Workmen's Compensation Law by striking out the old provision that groups or classes of employees in private employment, be expressly excluded from its provisions. A clause is added, however, permitting exclusion of such groups in public employment.

Chapter 667 adds a new Section 88a to the Workmen's Compensation Law relative to payment of premiums of State employees paid from a special or administrative fund.

Chapter 512 amends Section 27 of the Workmen's Compensation Law in relation to depositing future payments of awards of death benefits and other compensation and requiring contributions thereof. The bill also amends Section 24 of the same law in relation to costs and fees and makes an appropriation of \$5,000 for recomputing awards to be paid under the amended law; changes in Section 27 are too numerous for detailed comment here.

Senate bill (1229) proposed an amendment to Section 111 of the Domestic Relations Law, requiring appointment of a special guardian where the parent is under 21 years of age. This bill was vetoed by the Governor.

MEDICAL PRACTICE

The bills included under this heading are primarily of interest to the medical profession. Brief comment is made on those that reached the Governor.

Chapter 892 amends the Public Health Law by adding a new Section 25b relative to reporting of cancer and other malignant tumors, to the local health officer. Section 349 relating to the Division of Cancer Control is amended by establishing the office of the division in the central offices of the department. The bill carries an appropriation of \$35,000.

Chapter 131 amends the Public Health Law, Subdivision 13 of Section 421 in regard to the drug, cannabis. Subdivisions 1 and 3 of Section 428

218 SUMMARY OF LEGISLATION OF INTEREST TO THE DEPARTMENT

relative to prescribing opium and its derivatives and the sale of paregoric. Section 429 is amended to conform to the above.

Chapter 159 amends Section 25 of the Public Health Law in relation to reports of infectious, contagious or communicable diseases by including certain venereal diseases among those reports of which are not to be made public.

Chapter 377 amends the Public Health Law, Subdivision 1, Section 316 by permitting corpses to be turned over to schools and institutes registered by the Regents, et cetera, as well as to medical colleges.

Chapter 916 amends Sections 1425 and 1434 of the Education Law in relation to the practice of optometry to include application of persons furnishing, providing or adapting lenses, et cetera.

Chapter 869 amends the Education Law in relation to pharmacy by repealing old Article 51 and adding a new Article 51 in place thereof. Changes are too numerous for comment here. Persons interested should consult the revised chapter.

Chapter 741 amends the Education Law relating to license to practice osteopathy by providing that any person holding a license who submits proper credentials to the Regents may be granted the right to use instruments and to use anesthetics, antiseptics, narcotics and biological products.

Assembly bill (755) proposed to amend Subdivision 5 of Section 189 of the Lien Law in relation to examination of hospital records. It opened such record to the injured person, his legal representative or in case of death the legal representative of the decedent or his attorney. This bill was vetoed by the Governor.

Senate bill (589) proposed to amend the Education Law in relation to the practice of optometry in important particulars. It was vetoed by the Governor.

Assembly bill (1428) proposed to amend the Education Law in relation to the practice of osteopathy by conferring authority to use instruments, et cetera, without the restrictions imposed by Chapter 741 above mentioned. This bill was vetoed by the Governor.

CLAIMS

There was a reduction in the number of claim bills introduced of interest to the department. The following reached the Governor:

Chapter 897, claim of Loraine W. Kerr against the Gowanda State Homeopathic Hospital. This covers a right of way for Gowanda water supply which was not adjusted until after the appropriation had lapsed.

Assembly bill (574) claim against the Utica State Hospital alleging injury to a child trespassing on the hospital grounds. Vetoed by the Governor.

Assembly bill (1212) attempted to reopen a paidup maintenance claim of the Manhattan State Hospital. Vetoed by the Governor.

Senate bill (1987) claim of a former employee of the Creedmoor State Hospital who claims to have contracted tuberculosis there 12 or 13 years ago. Vetoed by the Governor.

MISCELLANEOUS

The miscellaneous group includes as always by far the largest single group of bills for consideration. A considerable number reached the Governor and vetoes were numerous in this group. The comments follow:

Chapter 167 amends the Public Health Law in relation to cleaning food utensils, et cetera, by providing these be cleansed and disinfected rather than sterilized. Section 343b is amended to give the Health Commissioner greater authority in inspecting public institutions of the State.

Chapter 371 amends the Civil Practice Act in relation to annual inventory and account of committees by providing that committees of veterans shall file annually in the anniversary month of appointment.

Chapter 490 amends Section 120 of the Penal Law prohibiting advice on laws of other states or nations to procure aid in securing divorces, et cetera.

Chapter 731 amends the Educational Law, Public Health Law and Public Welfare Law in relation to physically handicapped children and the health and welfare of children generally. Of interest to superintendents of State schools.

Chapter 201 amends the Civil Practice Act in relation to guardians of infant and incompetent wards. Changes too numerous for detailed comment. Amendments recommended by the Law Revision Commission.

Chapter 207 inserts a new Section 14a establishing Triborough Bridge Authority, prescribing procedure for legal actions. Of interest to the Manhattan State Hospital.

220 SUMMARY OF LEGISLATION OF INTEREST TO THE DEPARTMENT

Chapter 617 amends Section 1358 of the Civil Practice Act in an unimportant particular.

Chapter 150 amends Sections 387 and 389 of the Health Law in relation to vital statistics. The amendment to Section 389 provides that all fees collected by the registrar in the State hospital shall be transmitted to the department having jurisdiction, to be paid in the State Treasury.

Chapter 425 amends Subdivisions 2 and 3 of Section 1384-I of the Civil Practice Act by including the eighth judicial district in its provisions. Relates to accounts of guardians of infants and incompetents.

Chapter 191 amends the Triborough Bridge Law in important particulars with special reference to the proposed Brooklyn Battery bridge. Of interest to the Manhattan State Hospital.

Chapter 802 amends Section 56 of the Public Welfare Law in relation to qualification on the acquisition of a settlement by providing that any wage or payment received after June 1, 1939, by any person certified as in need by any public agency, shall be deemed to be public relief.

Chapter 551 amends the Executive Law by including the Industrial Commissioner among the heads of departments who may require search to be made for any record, document or paper needed in the discharge of his official duties.

Chapter 400 amends the Civil Practice Act by repealing Sections 1388, 1389, 1391, 1394, 1395a and 1395b, and inserting therein new sections 1388, 1389, 1391 and 1394. These remove obsolete provisions in relation to disposition of real property of infants and incompetents. The bill is recommended by the judicial counsel.

Chapter 797 makes important amendments to the Agriculture and Markets Law in relation to adulteration, packing and branding of food products.

Chapter 437 relates to the Pearl River sewer district in Rockland County; of interest to the Rockland State Hospital.

Chapter 790 amends the Bank Law, Personal Property Law, Decedent Estate Law and the Civil Practice Act in relation to modification of savings bank investments, dividends, abandoned funds and investment of trust funds.

Chapter 619 amends the Tax Law by adding a new Subdivision 6 to Section 359, relating to personal income tax upon compensation received from the United States.

Chapter 744 amends the Civil Practice Act by adding a new Section 1384-V relating to appointment of a guardian for an incompetent veteran or infant ward of the United States Veterans' Bureau.

Chapter 589 amends the Town Law in relation to district and special improvements and the financing thereof.

Chapter 751 amends the Election Law in relation to absentee registration and voting of disabled veterans.

Chapter 872 amends the Triborough Bridge Law in relation to actions against the Triborough Bridge Authority.

Chapter 821 ratifies and confirms the proceedings of the Board of Estimate and Taxation of Utica in connection with the special assessment for sidewalks along the lands of the Utica State Hospital and authorizes the State Comptroller to pay such claim.

Chapter 829 amends the law establishing a temporary State commission to study the health of inhabitants in relation to the organization of the commission, increasing its membership and appropriating an additional \$40,000.

Chapter 863 amends the State Finance Law relative to audit by the Comptroller prior to payment and appropriating \$300,000 to carry out its provisions.

Chapter 601 authorizes the Town of Orangetown to construct an outfall sewer across the lands of the Rockland State Hospital under limitations and restrictions contained in the law.

Chapter 874 amends the Triborough Bridge Law by including the proposed Brooklyn Battery Bridge project, et cetera.

Chapter 923 amends the Insurance Law and Finance Law in relation to unclaimed funds held by insurance companies by providing for their transfer to the State Treasury under certain specified conditions.

Chapter 682 amends the Civil Practice Act by providing for examination and inventory of the contents of safe deposit boxes of incompetent persons. This gives the committee of such person full authority in the presence of an officer of the safe deposit company. The act takes effect September 1, 1939.

Senate bill (110) proposed to amend the Education Law in relation to normal schools and State colleges. The bill was of interest to Craig Colony. Vetoed by the Governor.

222 SUMMARY OF LEGISLATION OF INTEREST TO THE DEPARTMENT

Assembly bill (430) proposed to amend the Civil Practice Act in relation to place of trial of certain assigned claims. Vetoed by the Governor.

Senate bill (352) proposed to revise Section 389-a of the General Business Law in relation to the use of second-hand materials in bedding and upholstering by exempting the State and governmental subdivisions. Vetoed by the Governor.

Assembly bill (736) proposed to amend the Public Welfare Law by providing no settlement shall be gained by reason of the residence of a person or his family while in the active service of military forces of the United States. Vetoed by the Governor.

Assembly bill (821) proposed to amend the Education Law in relation to licensing and regulating the practicing of barbering. Vetoed by the Governor.

Assembly bill (1005) proposed to amend Section 1379 of the Civil Practice Act in relation to annual examinations of accounts and inventories of committees for incompetent persons. Vetoed by the Governor.

Senate bill (1937) proposed to amend the Civil Practice Act and Judiciary Law in relation to examination of accounts and inventories of committees and the appointment of an examiner in the County of Erie. Vetoed by the Governor.

Assembly bill (952) proposed to amend Sections 1356 and 1377 of the Civil Practice Act in relation to jurisdiction of supreme and county courts with respect to incompetent persons and their committees. Vetoed by the Governor.

Assembly bill (1070) proposed to amend the Education Law in relation to the publication of administrative codes, et cetera. Vetoed by the Governor.

Assembly bill (1987) proposed to amend the State Printing Law generally. Vetoed by the Governor.

Senate bill (1595) proposed to amend the Tax Law to provide for the assessment of State lands in the County of Broome used in conjunction with the Binghamton State Hospital. This bill was vetoed by the Governor.

Senate bill (2148) proposed to amend the Insurance Law and the State Finance Law relative to abandoned funds of life insurance corporations. Vetoed by the Governor.

While there were a number of bills introduced which would have been of vital interest to the department and its institutions had they become law, such bills are not, because of space limitations, included in this summary.

In addition to the bills, certain legislative resolutions passed both houses and are thought to be of sufficient interest to warrant brief reference here.

A resolution by Mr. Wadsworth adopted in both houses continues the committee created to investigate discrimination against middle aged in the matter of employment by extending the time for report to April 1, 1940, and appropriating \$15,000.

A resolution by Senator Thompson adopted in both houses petitions Congress to recognize responsibility for hospitalization of alien insane and to give consideration to the advisability of deporting aliens who may become public charges.

The adjournment resolution adopted by both houses set the final adjournment for Saturday, May 20, at 12 o'clock.

I wish to give full credit to Miss Olive E. West and Mr. William A. Clifton of the Albany staff for most of the detailed work which has made possible the preparation of this summary.

MINUTES OF THE QUARTERLY CONFERENCE

MARCH 18, 1939

A Quarterly Conference of the State institution visitors and superintendents with the Commissioner of Mental Hygiene was held at the Albany office of the Department of Mental Hygiene, March 18, 1939, with Commissioner William J. Tiffany in the chair.

In addition to the departmental and institutional officers, the following invited guests were present:

Dr. C. O. Cheney, White Plains; Dr. Robert M. Ross, Canandaigua; Dr. Sidney J. Tillim, Amityville; Dr. George K. Butterfield, Troy; Misses Elinor Newell and Genevieve Attaldo, Hudson; and Drs. F. A. D. Alexander, D. E. Cameron, H. E. Himwich and Basilia Lipsetz, all of Albany Hospital.

Dr. Tiffany in the chair:

The CHAIRMAN: Will the members of the Conference please come to order? I am glad that the sun is shining on us this spring morning. As we have subjects on the program which are of considerable interest to us all I think it will be well if we get under way and do not waste any valuable time in any preliminary remarks. I am sure you all appreciate that you are very welcome to Albany; I am glad there are so many here and hope that the Conference will be profitable and pleasant to you.

The first subject on the program is a paper entitled "A Followup Study of Dementia Praecox Patients Treated with Insulin in the New York Civil State Hospitals, by Dr. Benjamin Malzberg.

Dr. Malzberg read paper.

The CHAIRMAN: I would like to call upon Dr. John R. Ross to start the discussion of Dr. Malzberg's paper.

Dr. Ross reads discussion.

The CHAIRMAN: Further discussion is now welcome from other members of the Conference.

Dr. BELLINGER: At Brooklyn we have completed treatment of 233 men and 251 women—a total of 484 patients, with results similar to those described by Dr. Ross. Of the 484 patients treated 164 men and 137 women—a total of 301 patients, have been paroled. Fifty men and 27 women—a total of 77, were subsequently returned to the hospital. Of those returned, 13 men and 2 women—a total of 15, were given additional treatment and reparoled. Of the 77 patients returned from parole their condition at the time of leaving the hospital was regarded as follows: recovered 8; much improved 20; improved 49. All of the 8 that were considered recovered at

the time of their first parole were given subsequent treatment and are now on parole. Six of the much improved group, after receiving additional treatment, were again paroled, while only one of the much improved group has been able to leave the hospital. Many of the 49 patients who were regarded as only improved, showed no suicidal or dangerous tendencies and were permitted to leave at the urgent requests of relatives who wish to take them home on trial. Two of the patients who were regarded as recovered were subjected to bad environmental influences after leaving the hospital the first time. However, before they were paroled the second time we were able to arrange for them to go into an entirely different environment where they appear to be adjusting well.

I think that our results are better than when we first started the treatment, due probably to better technique and better nursing care. Complications are much more infrequent than at first. Of the three deaths which have occurred during insulin treatment, one was essentially due to cardiac collapse, one had a typical lobar pneumonia and one a bronchopneumonia.

Our results have been better in the catatonic and paranoid cases than in the hebephrenies. This in all probability is due to the fact that the personality makeup of the hebephrenic is much more infantile and inadequate than that of the other types.

I am impressed by the fact that in many cases insulin seems to have some effect upon the physical condition of the patient. They invariably gain in weight, skin conditions clear up, menstrual anomalies are frequently corrected. Several of our comparatively young male patients who had been impotent for from one to more years and who had developed definite paranoid ideas directed against their wives, whom they charged with infidelity, regained their potency, apparently recovered from their mental condition and have been able to adjust themselves well to the marital situation.

The CHAIRMAN: Is there further discussion?

Dr. CHENEY: I think some of you will recall that at the time insulin treatment was introduced, particularly in our public hospitals, the question arose as to whether the results which were obtained were not due, perhaps in large part, to the individual intensive attention the patient received as part of the treatment. With the aim of attempting to answer this question Dr. Drewry of our staff and I made a study of 500 cases of dementia praecox admitted to Bloomingdale Hospital from 1926 to 1935, and we made a followup study of them; in some of the cases a period of 11 years was covered. The details of our results have been published in the American Journal of Psychiatry but in that article we did not give the comparative figures. I think it might be of interest to give the comparative results.

Our study showed that, with respect to the whole group, at the time of discharge 7 per cent were recovered and 37 per cent benefited by treatment, as compared with Malzberg's State hospital insulin-treated group with 12.9 per cent recovered and 65.4 per cent benefited by treatment, or with the State hospital "control" (noninsulin treated) group with 3.5 per cent recovered and 22 per cent benefited by treatment. For the group of patients whose illness had existed not more than six months before admission, our study showed 9 per cent recovered and 48 per cent benefited by treatment as compared with Malzberg's insulin-treated cases of a similar duration with 34 per cent recovered and 84 per cent benefited by treatment. The State hospital control group with the same duration showed 6 per cent recovered and 27.6 per cent benefited by treatment.

The study indicated the catatonic patients had the best results, that the recovery rate in the catatonic form increased after discharge from the hospital. At the time of discharge 10 per cent of the catatonic patients were recovered and from 1 to 11 years afterwards it was found there was a recovery percentage of 20 in the case of catatonic patients who had improved to a state of recovery after they left the hospital.

The CHAIRMAN: Dr. Mills, do you care to speak?

Dr. MILLS: At Creedmoor for the past several months our figures have been quite stationary, approximately 60 per cent of the insulin-treated patients being paroled and approximately one-third of these being returned. The results reported here seem much the same. Unless I figure it wrong 57 per cent have been paroled and approximately 40 per cent returned.

A study of our returned cases showed environmental difficulties, personality difficulties, inability to meet their aims and ambitions which we thought indicated the need for more individual psychiatric work following parole. It seems to me that phase of it will merit work and study. We spend a lot of money, time and personnel for these patients in the hospital, let's spend a little more time and effort on them after their parole and for this we need additional social service.

Dr. HUTCHINGS: May I ask Dr. Mills if he has considered trying his apparently recovered patients in a half-way house before they go back to their homes. I mean a boarding home, a selected boarding home, where patients would stay for a brief period of two or three months, perhaps, in the proper environment, and supervised by the social workers. It seems to me that would obviate a good many of the relapses in the cases of patients who have to go back to an unwholesome environment. It is asking too much of a recovered patient, who is a *præcox*, to have to cope with that environment again after such a short period of recovery. The patient is still sensitized to that environment, which may have been bad to start with. If we could

use our boarding homes as half-way houses, before the patient is required to return to his own home, a number of our relapses might be avoided.

Dr. LEWIS: I should like to speak a moment on some points raised by the last two or three discussants. I think they have all had the experience of having patients returned to the hospital after having a period of improvement following the new pharmacological treatments. In any statistical analysis of this particular group some of the figures can be accounted for on the basis of inadequate or interrupted treatment. Other patients apparently have such deep underlying difficulties that the treatment makes no permanent impression on them, while still others have something of a cyclothymic expression of their schizophrenic disorder and the disorder repeats itself in due time.

I have some doubts as to whether we ever get complete recovery in the strict sense of the term, by the use of pharmacological therapy, that is, I doubt if it produces really, any fundamental change in the personality makeup or actually removes any of the nuclei of the mental conflicts. But we do see a recovery or at least improvement in the more superficial levels of the disorder. This recovery usually consists in a reestablishment of formal behavior in the patient and in the acquisition of some descriptive insight into his condition. When a recovered patient is sent back into the same environment which produced his disorder I can see no reason why this fact alone should not account for quite a number of recurrences.

If our former studies are worth anything at all, the psychoses depend upon a combination of personality makeup, the life-long habits of an individual and finally, the precipitating situation. When the individual is heavily predisposed, it takes a very little stress or precipitating cause to bring about a psychosis or the relapse into the same type of psychosis after having had a period of freedom from symptoms.

The CHAIRMAN: The discussion of the last three speakers might be profitably continued inasmuch as they have raised the question of followup and change of the reaction of the individual, if not a change of personality makeup and the needs of a followup which would prevent the precipitating factors or environmental factors.

We would like to hear further discussion.

Dr. SMITH: The question of recovery in the treatment of dementia praecox by insulin has received a great impetus, but it is still not conclusive as to what the eventual outcome will be. You do not get the same optimistic reports in all our institutions. The private institutions are sometimes skeptical about results, but the figures in general show that we do have very great results with insulin.

I think Dr. Hutchings' point is quite well taken in regard to followup work on these cases. A good many of our patients go into a psychosis because they are endeavoring to escape from very trying situations; then we treat them. They emerge from this phase and are thrown back into their former environment without any provision being made for them. The patients themselves complain that we are placing them back in their old family environment. So that I think the half-way house, with social service supervision, also endeavoring to change their environment, surroundings, et cetera, will be very desirable.

There is one other question which I want to call to your attention, and which was brought to notice some years ago when Dr. Parsons was Commissioner. That is in regard to the liability for the care and treatment of these patients in the institutions. Some insurance companies are not insuring private institutions; they have refused on the ground it is a dangerous procedure and recently it has come to my attention that fractures are occurring in a good many of the cases. What we must take into consideration is that there always is a possibility of injury and legal action may be brought by the patient or his relatives in regard to a claim. The private institutions often ask what to do and my advice at the present time is not to undertake any case for treatment without getting a very strict contract on the part of the person seeking it—guardian, relative or friend, who will assume all liability for any future complaints or damages which might ensue or which might be brought.

Dr. GARVIN: Physicians are ever on the lookout for the magic medicine and, through publicity given various remedies, the public as well. From all accounts, insulin and metrazol have proven of great value in the treatment of cases of dementia praecox. Added experience with new drugs eventually places certain limits upon their value and this will, no doubt, prove to be the case with both insulin and metrazol. I do not believe we should lose sight of such proven therapeutic measures as psychotherapy, occupational therapy, hydrotherapy, physical therapy, proper nursing, amusements, recreations, et cetera.

Inasmuch as psychoses, as a rule, develop in the homes, I do not believe it is wise to send the patient back into the same environment until it has been properly prepared for him. This sometimes takes time and considerable work on the part of the social worker. I am of the opinion that suitable boarding homes might be used as try-out places until home conditions are satisfactory. The greater the degree of patient preparedness and home preparedness, so to speak, the less liability there is for the patient to be returned to the hospital. There is also need of more careful study of the rea-

sons why patients have to be returned to the hospital. This information would doubtless be of great value in future consideration for patients for parole.

Dr. CHENEY: Dr. Lewis says that he has never seen patients who ever recovered from his viewpoint. It seems to me, particularly in dementia praecox, but in other branches of medicine also, that all we can expect to do in treatment is to restore the individual to a condition which was previously normal for him. If we treat a case of pneumonia that patient is considered recovered if he recovers from his clinical symptoms, and, although he is susceptible to a recurrence of pneumonia, we do not hesitate to say that he has recovered. In a case of gastric ulcer, if under treatment the patient recovers from his clinical symptoms and pathological condition we consider him recovered, although we know he is predisposed by constitution to developing a recurrence. It seems to me the same criterion might reasonably be used in the consideration of recovery in dementia praecox. If, by whatever form of treatment, the patient is restored to a condition which was previously normal for him and if the symptoms which indicated an abnormality, had been obviated, it seems justifiable to consider that patient had recovered. I doubt very much if it should be expected of psychiatrists that they change the entire personality of the person they are treating but it should be considered such patients had recovered from the illness for which they were treated. I think that in reporting recoveries from the hospitals we may previously have been too stringent in looking for what might be considered defects of the personality and as long as a person showed any abnormality it was considered that the patient was not recovered. I think too much has been expected of treatment and I think it is fair for us to indicate that the patient is recovered when he has been restored to his previous personality and constitutional makeup, which is for him normal.

The CHAIRMAN: Thank you, Dr. Cheney.

In view of the fact that the need for followup studies and the care of patients after parole and discharge has been mentioned by several speakers, I think it would be quite appropriate if I called on Miss Crutcher to say a word regarding the possibility of social work in followup cases.

Miss CRUTCHER: I am very much interested in Dr. Mills' comment about the need for more social service work, particularly for the patients who have had insulin or metrazol treatment. I quite agree with him that more social service workers are needed. If, however, the social workers could have more warning of the probable favorable prognosis so that more time could be given to working out suitable plans for the patient's community adjustment, it would be helpful. Social work is time consuming. To develop situations in which a patient can adjust may require intensive effort for some

time. Early notification of the possibility of the patient's release would help even with the limited number of social workers we now have.

The next point which might facilitate the patient's adjustment is for the social worker to realize that some situations are impossible for the patient and in the light of our present knowledge, untreatable. The social worker must face this and try to bring in other plans for the patient which do not involve the mental hazards of his previous situation—rather than attempting impossible changes. While consideration of these two points mentioned, would not enable the social worker to meet all the social service needs of this specially-treated group of patients, it would give more time for planning and make for a greater flexibility of program until increasing service is available.

The social workers are interested in working more intensively with the social situation of these patients where they feel they can contribute something toward the patient's permanent adjustment.

The CHAIRMAN: Time passes, but we shall be glad to hear any other discussion. If there is none, Dr. Malzberg, do you care to close the discussion?

Dr. MALZBERG: I do not believe it necessary to add anything to what I have read.

The CHAIRMAN: We will then proceed to the next paper on the program, which is a paper prepared by Dr. Pollock, but due to his absence as a United States delegate to the Pan-American Neuropsychiatric Congress in Lima, Peru, Dr. Malzberg will read his paper which is entitled, "A Statistical Study of 1,140 Dementia Praecox Patients Treated with Metrazol."

(The paper was published in the July, 1939, issue of the PSYCHIATRIC QUARTERLY.)

The CHAIRMAN: This paper is now before the Conference for discussion. I might make the comment that the paper was prepared before attention had been called to some other types of complications that have occurred with metrazol-treated cases. I think that explains the reason for the lack of any statement as to the complications affecting the spine; none had been reported on the statistical cards before attention had been called to this complication. Dr. Bellinger will start the discussion.

(Dr. Bellinger's discussion appears in the July, 1939, issue of the PSYCHIATRIC QUARTERLY, following the paper of Dr. Pollock.)

The CHAIRMAN: I think Dr. Pollock's paper and the discussion of it by Dr. Bellinger will impress the members of the Conference of the possibilities of further studies preceding, during and succeeding treatment of dementia praecox—perhaps metabolism studies along different lines than those that have been conducted in the past as to calcium metabolism in the bony sys-

tem. It seems to me quite significant that the consulting or visiting physician at the Brooklyn State Hospital mentioned the similarity of the condition of the bodies of the vertebrae in these cases to those found in cases of tetany. Defective calcium metabolism is a condition which we have considered to be frequently and usually associated with lesions of the parathyroids. Calcium metabolism and these bony changes found so recently seem to me to be deserving of considerable further study. In view of the fact that Dr. Lewis originally called attention to this complication in the vertebrae I would like to have him, if he will, continue this discussion.

Dr. LEWIS: The findings just outlined by Dr. Bellinger alarmed us quite a bit at the Psychiatric Institute inasmuch as not only were fractures found in patients who had complained of pains in the back, but a number of others who had never complained at any time, were found upon reexamination, to have suffered from these fractures. The question naturally, came to our mind at once as to whether we should proceed with the type of treatment that might produce some crippling pathology in the future. On the other hand, we were loath to discard the metrazol therapy as we were getting better results with it in depressions and in some involutional types than with insulin or with any other variety of approach. We have finally decided to proceed cautiously and to do some active research on methods of position or other physical control to prevent these fractures. As to the cause of these fractures, it is probably some mechanical reaction in the anatomical situation. Personally I do not believe that the dementia praecox constitution is integrated in a way to have or to stand epileptic or epileptoid convulsions. Only an epileptic is constituted to have fits. It tears the other types of people apart.

In the metrazol convulsions there is a violent release with powerful contraction of the muscles which is far more active than the insulin convulsions. Apparently there are no immediate neurologic or orthopedic symptoms arising from the fractures which Dr. Bellinger has just described to you. However, these injuries may in the future serve as foci for pathologic calcification for lateral scoliosis or as areas of less resistance inviting infectious processes.

One can only speculate on these matters as it is entirely within the possibilities that they will heal without any future complications.

Dr. Hubert Howe of New York has pointed out to us the possibilities of using a special type of pillow which will produce an overextension of the back during the fit and thus perhaps prevent these types of fractures. This pillow is about four inches wide, two inches thick and about a foot in length, that is, large enough to extend across the greater curvature of the back. This pillow is constructed of rubber sponges, wired together and then cov-

ered by some heavy cloth in order to keep it in the proper shape. A fracture board is put under the bedding to produce a rigid background. The pillow is put under the patient's shoulders and during the convulsions a nurse or a doctor stands on either side of the patient with one hand holding on to the patient's wrist and the other exerting some pressure on the shoulder. This allows the head and the shoulder to assume a position of overextension. There is a great deal of support offered the patient on this resilient pillow and it requires no additional personnel than is usually afforded the metrazol patient during his convulsions. As yet we are not able to report the results from the use of this pillow, as we have just started using it. It is hoped that something may be found to prevent these fractures, as private hospitals are giving metrazol both in their wards and in outpatient departments. Metrazol is being given in practically all of the cities of the United States, without much attention and after-care to many of the patients. Naturally it is given in preference to insulin because of the vast difference in the amount of nursing care and extra work. It is also given perhaps rather indiscriminately, for neuroses as well as for psychoses and for such disorders as neurasthenia, pathological fatigue, hysteroid conversions, et cetera. A paper on this subject has been prepared by Drs. Polatin and Harris of the Institute. It has been accepted for publication by the Journal of the A. M. A. Therefore, the knowledge of this newly-discovered complication will soon be available to practically all of the physicians in this country.

The CHAIRMAN: I would like to hear further discussion, especially concerning prognosis in these spinal fractures. Is there any other discussion?

Dr. BLAISDELL: We have treated 454 patients with metrazol of whom 300 completed the treatment. Remissions were obtained in 6 cases, much improvement in 20 cases and improvement in 253 cases. Thirty-four patients have been paroled only one of whom has been returned from parole. That may not look like good results from the treatment. However, we must take into consideration the type of patients who were treated. We selected long standing cases generally with few exceptions. In most of the cases, it appeared that the patients did not have a good prognosis and we did not expect much benefit from the treatment. We were governed considerably by administrative reasons. In many cases, the relatives of patients who had been in the hospital a long time wanted to take advantage of this new treatment. We still have quite a list of patients whose relatives have applied for the treatment.

We have X-rayed 15 patients who complained of pain in the back. These were cases who had been treated recently. Of this number, 8 showed damage to the bodies of one or more vertebrae but no fractures of the spinous or

transverse processes. None of these patients showed any disability from the spinal fractures. I sent the plates to Dr. John J. Moorhead who is our consultant on traumatic surgery with whom I talked afterwards on the telephone. He said there were evidences of decalcification of the bones and I gathered from my conversation with him that he had in mind that decalcification might have been present before treatment with metrazol was begun. He suggested that all cases selected for treatment with metrazol should be X-rayed before the treatment was given.

Other injuries that occurred with our group of patients were: 3 fractures of the neck of the femur, one fracture of the greater tuberosity of the humerus and dislocation of the left shoulder; 4 other dislocations of the shoulder and 52 dislocations of the jaw. Several of these dislocations occurred in the same patient.

Dr. MULLS: We had two compression fractures of the bodies of the vertebrae that we knew of, both cases were discovered because the patients complained and in both cases our attending orthopedic surgeon thought the injury was sufficient to warrant plaster jacket. Some six or seven years ago we observed that some of our patients suffered extensive bone injury from relatively slight trauma. One patient, as I recall it, had seven ribs fractured from a rather trivial fall. Why such extensive injury should occur without sufficient force interested us enough so that we did blood chemistry studies and quite a little X-ray work and our attending orthopedist thought there were changes in the bones of those patients antedating the fractures. We did some work in conjunction with the laboratory of Kings County Hospital and we sent blood to the Institute. There were calcium discharges. We were told that not a great deal was known about calcium or phosphorus in the blood, and I understand this is still so.

Dr. ROBERT M. ROSS: I would like to ask Dr. Lewis whether or not these cases had the preliminary treatment with calcium as suggested in these cases and whether he has found that the depressed cases require as long a period of treatment with metrazol as the precox.

Dr. PHILIP SMITH: I just want to say a word in regard to my own impressions regarding fractures. I agree with Dr. Bellinger that an agreement is of very little value as regards bringing an action in a court of law, but I still feel if you get people to put an agreement on paper it may prevent them from bringing action. This matter was first called to my attention a few years ago by a private institution because the insurance company had refused to insure this institution against damage because they were using metrazol and insulin. The Attorney-General expressed an opinion at that time stating that although an agreement may have been made it would not deter the bringing of an action; after all, it amounted to the same thing.

as an operation and an operation always has an element of danger. You never know what you are going to meet and oftentimes it results fatally. The same attitude can be taken in respect to these treatments or to these drugs. It is the consensus of opinion that at the present time it is a valuable form of treatment and that although a suit might be brought in a court of law a verdict of damages would not be sustained.

The CHAIRMAN: Our time is limited; if there is further discussion I ask that it be as brief as possible.

Dr. BELLINGER: I selected this case in which I have shown you the photographs of the X-ray plates because treatment was completed in April, 1938, and it seems to us that if the patient were to develop any bad symptoms they would have manifested themselves before this time.

Dr. HIMWICH: I think there is another way to meet this new situation in regard to metrazol complications. For two years we have been studying patients with schizophrenia first at the Bellevue Psychiatric Hospital with the cooperation of Drs. Bowman and J. Wortis and later at the Harlem Valley State Hospital where the investigation was facilitated by Dr. Ross and his able staff, especially Drs. Rossman and Cline. We were trying to find some central reason for the alleviation of these patients who were being treated with insulin hypoglycemia for schizophrenia. We observed that during the hypoglycemia the metabolism of the brain greatly diminished because the brain is deprived of its chief foodstuff, sugar. Coma resulted from the diminution of cerebral metabolism during this process. Now this might have been a chance effect or it might have been of importance in the alleviation of the condition. We also studied patients receiving metrazol treatment and among these patients, too, we found a similar phenomenon. Here the metabolism of the brain is also diminished as the oxygen content of the blood passing through the brain is decreased while the respiratory movements are impeded during the convulsions. Thus with both treatments the metabolism of the brain is diminished.

As you heard today, there are complications concerned with the use of metrazol. Insulin appears to be the better treatment on the whole, but insulin too is cumbersome because of the need of a well-trained staff, therefore, limiting the number of cases handled. We, therefore, tried to use another method which also would diminish the metabolism of the brain. The patients were chosen by Dr. Lipsetz of the department of psychiatry of the Albany Medical College and Dr. Alexander, who is in charge of anesthesia at the Albany Medical College, has been giving these patients nitrogen therapy. I won't go into the technique but would like to say a word about the results. To the present a small number of patients have been treated and encouraging results are reported at Albany. Dr. Ruth of Philadelphia, has

come to Albany to watch the treatment. It is now being done under his direction at Philadelphia and his preliminary results are favorable.

The CHAIRMAN: Dr. Alexander, do you care to say a word?

Dr. ALEXANDER: On the basis of the theory that metrazol therapy is efficacious in schizophrenia because of the serious depletion of oxygen in the arterial blood supplying the brain and consequent inhibition of cerebral metabolism, we have carried out during the past year 274 treatments in which we have substituted nitrogen inhalation therapy for metrazol. The technic is reasonably simple, using an ordinary anesthesia apparatus consisting of tight-fitting face mask, cannister of soda lime to absorb carbon dioxide and a breathing bag and with a supply of nitrogen and, or oxygen delivered directly into the face mask. The technic we have used is as follows: first, pure oxygen is administered to the patient for about 1 minute, partly for reassurance and partly so that basal readings of blood pressure pulse rate may be obtained. Then oxygen addition to the atmosphere is discontinued and nitrogen is admitted at the rate of about 6 liters per minute. There is an exhalation valve in the apparatus to allow for the escape of the accumulating gases. The nitrogen in the atmosphere is rapidly increased at the expense of the oxygen and after about 3 minutes there are clinical evidences of oxygen want consisting of respiratory stimulation, tachycardia and increasing systolic blood pressure. In about another minute the patient shows twitching of the muscles about the face and at about this time loses consciousness. There rapidly follow cyanosis, clonic contractions of the muscles of the extremities and eventually extensor spasms, with either opisthotonus or torsion extensor spasms. At this time the pulse is usually about 150 to 160 and the treatment is terminated suddenly by rapid inflation with oxygen. The patient regains consciousness almost immediately and is usually able to step down off the treatment table and walk back to the ward within a few minutes. We have not seen posttreatment confusion and only relatively slight headache. While muscle changes do occur, they do not begin to approach in severity the jactitations of the convulsions of metrazol. The treatment appeals to us particularly because it may be terminated any time in the event of untoward reaction. The clinical results have been definitely encouraging.

Dr. BLAISDELL: When this treatment is concluded, how long does it take the patient to resume his usual condition?

Dr. ALEXANDER: The treatment takes, in all, about 4 to 6 minutes. The patient usually walks back to the ward within 5 minutes later.

The CHAIRMAN: Is there further discussion? If not, we will proceed to the next subject on the program, which is a "Review of Current Legislation

Pertaining to the Work of the Department," by Mr. Lewis M. Farrington, secretary of the department.

(Mr. Farrington's talk appears on page 209 of this issue.)

The CHAIRMAN: Is there discussion from members of the Conference or are there questions?

We will proceed to the next part of the program, which calls for reports of the committees.

First is the report of the Committee on Home and Community Care of Institution Patients, of which Dr. Woodman is chairman.

Dr. Woodman reads report.

REPORT OF COMMITTEE ON HOME AND COMMUNITY CARE OF INSTITUTION PATIENTS

Many of you have read the Social Workers' News Sheet which came out a few days ago. It showed that on February 1, 1939, the last complete figures available, there were in home and community care from the State hospitals and State schools a total of 888 patients. I mention the number 888 because it is an easy number to remember and is a numerical exponent of the extent of home and community care in this State. A parallel table shows that there has been but little increase in the last year and it is pertinent to inquire why. Your committee refrained from formal questionnaire or collection of opinion on this subject but I can report that as for our own home territory, it is not so much a lack of good homes willing to take 5 or 6 patients who are not too much trouble to care for as it is a lack of suitable patients to send out to these homes. We have not yet reached a point where we are able to keep in the homes patients whose health is reduced to the point of requiring much nursing care or who are sufficiently psychotic to attract much attention from the community or to be unwilling to accept family care.

It need not occasion surprise that no community specializing in the care of the insane on the pattern of Gheel or certain other communities in Europe has been developed in this State. Where such communities exist, they are the result of years of evolution and our patients who have had the conveniences of the American home before commitment are not content with the primitive homes and accommodations in use in those countries.

One obstacle in the development is a lack of special funds for community care. At Middletown we spent last year \$21,576.57 in money besides the invisible expenses of oversight, clothing and transportation. Stating it in another way, each one of the 3,245 residents in the hospital was charged with \$6.65 in money to care for someone else in the community and kept her in clothes besides. We think there is a need for funds not drawn from

the general maintenance of the hospital which can be used as the community program develops. After all, the idea is only some five years old in New York State and it is less than four years since the first State hospital patients were put out.

Recent changes in methods of payment have discouraged certain housekeepers who operate on a narrow margin. Accustomed to payment every two weeks and with their local credit strained, their economy was greatly disrupted when money was delayed for six weeks and when local banks charged then 10 cents for cashing an out-of-the-district check they found even that an additional hardship. And there is the notary perhaps several miles away and a fee of 25 cents. Only this week there has been another change in the method of payment and while the procedure is not quite settled yet it is expected that some way will be found. Indigent patients had been accustomed to receive 25 cents a week for all personal expenses such as tobacco, talcum powder, razor blades, amusements and extra articles of clothing or personal adornment, and when the Comptroller temporarily checked the funds from which this had been paid, there was much havoc wrought in these patients' peace of mind. Not every patient received the 25 cents, only the indigent—and the average was 17 cents a week—but it made a lot of difference when it was temporarily stopped. Some thought the doctors or social workers were stealing it; others blamed it on the housekeepers. In one boarding home I hear the family had special company to dinner one day to which the patients residing there were not invited, at least not to the first table. One of the boarders is reported to have broken in on the party and said "I hope you are enjoying those viueuals bought with our quarters."

Miss Crutcher has pointed out that in the case of patients of the Syracuse State School in family care the cost is far below the money expense of a State institution of comparable size and there is no capital outlay to charge to the next generation, no interest on the investment and no depreciation of plant. Community care does not furnish direct employment to 200 or more people such as an institution for 888 would furnish. Neither does it load the budget with their salaries or deferred charges in their behalf, but it does send money into 200 or more homes that receive patients and in many instances it is a real lifeline to their very existence. The visitors to the home observe things creeping in—improved heating or plumbing, wall paper, electric lights and refrigerators, things that every American family wants and which they had not before been able to get.

Not much has been done yet in selecting as transfers from the metropolitan areas patients who will have to remain under public care but who might be eligible for community homes. We resist any tendency to board patients

who might otherwise be removed altogether from public care but it seems that there may be in and about New York cases that will have to continue in public care that might be handled in up-State community homes.

A word as to the kind of patients in these homes. The 113 patients out from Middletown this week appear on the books under 13 different diagnoses. The number under 60 years of age and over 60 are represented in almost equal numbers. Community care seems yet best adapted either temporarily for convalescent patients or for continued treatment patients whose psychotic state has partially subsided and who will be content to remain in the homes and prefer them to institutional care. The best feature of the community care for those who work with the patients is the satisfaction that institution patients get from being able to reside somewhere else.

That general interest has been manifested in the family care program in the State of New York is indicated by the inquiries that have come to the department regarding this. Two State hospitals and one State school in California have written for information on family care. One State hospital in each of the following states—Maryland, Ohio, North Carolina, Indiana, Virginia and Pennsylvania has requested material on the subject. Western Reserve University, Cleveland, includes the subject of family care in one of its courses for social workers as the result of interest shown in this work of the Department of Mental Hygiene. The director of state institutions of Virginia has made inquiries about family care. The University of Louisville Medical School has asked for material on the subject. The State directors of psychiatric social work in Michigan and Illinois have requested all the information which the department has on family care, and the New Jersey State Department of Institutions has made an effort to keep up with this program through correspondence and personal interviews. The State of Utah has a law authorizing family care and the superintendent of the state hospital asks that he be kept informed regarding the program of this work in New York so that when his hospital is filled to capacity, he may utilize this method for the care of patients.

Some states have sent representatives to visit the family care of State hospitals and in State schools. In addition to the out-state inquiries a number of social workers throughout the State of New York have become greatly interested in this project as a means of caring for mental defective children and for the aged who may be somewhat irritable and confused.

The CHAIRMAN: This very satisfactory report of this committee is before the Conference for its action.

Motion made, seconded and carried to accept the report of the Committee on Home and Community Care of Institution Patients.

The CHAIRMAN: Next is the report of the Committee on Nursing, of which Dr. Taddiken is chairman.

Dr. TADDIKEN: There is no report at this time.

The CHAIRMAN: Next is the report of the Committee on Uniforms, of which Dr. Garvin is chairman.

Dr. GARVIN: The Committee on Uniforms stated at the last Quarterly Conference with respect to uniforms the committee did not have time to present to the Conference the changes which the majority of the hospitals had accepted. The chairman forwarded to the Department of Mental Hygiene a copy of the recommended changes, which had been approved by the majority of the hospitals, which were published in the January QUARTERLY SUPPLEMENT. These changes are now presented to the Conference for their approval.

The CHAIRMAN: Are the members of the Conference familiar with this report and if so, what is the desire of the Conference?

Dr. GARVIN: There is one item, namely, Item 3, "Attendants to wear white shoes and stockings instead of black shoes and stockings," which is objected to by some of the superintendents, especially those in up-State hospitals where there are severe winters and a lot of snow. This might be overcome in the specifications by stating that either white shoes and stockings or black shoes and stockings be optional with each hospital.

The CHAIRMAN: What would be the object then of the change over the present system?

Dr. MILLS: May I ask if this would be mandatory?

Dr. GARVIN: I understand if the Conference approves the report it will be practically mandatory.

Dr. HUTCHINGS: In some places like the laundry and the kitchen white shoes do not stay white but a little while, and rather than see people with stained shoes going around I would be in favor of some option in the matter.

Dr. MERRIMAN: This thing has been a matter of concern with me. I received a petition from our female attendants asking to be allowed to wear on duty white shoes and stockings on the ground that black stockings irritated their feet, so I consulted a couple of graduate chiropodists, who stated it was true the cheaper black stockings have dyes which irritate some feet. White is safer on that ground and therefore I could not very well deny this better guarantee of foot comfort.

Dr. MILLS: I wonder how many of us are wearing black stockings without harm. I was one of those Dr. Merriman called up and I made inquiry of nurses and others. There were conflicting opinions and there are lots of other things which they suggested changing: sleeves, for instance. It seems to me if the Conference was to be called upon to vote on all the changes

mentioned in Dr. Garvin's report we should have had some advance notice. If I were called on to vote now I wouldn't have the slightest idea what I was voting on.

The CHAIRMAN: Is there further discussion of this report?

Dr. WOODMAN: Our girls complained about the black stockings, saying that they hurt their feet. I tried to make them believe that it was a matter of psychology now that the black stockings are out of style, but they stick to it that their feet are more comfortable in white.

Dr. HUTCHINGS: I make a motion the report be laid on the table for further consideration.

The CHAIRMAN: The Conference has heard the motion of Dr. Hutchings, and several members of the Conference, that the report be laid on the table for further consideration.

Motion made, seconded and carried to lay the report on the table.

The CHAIRMAN: Are there other committees to report at this time?

Dr. GARVIN: The Committee on Construction met last evening at the office of the Commissioner of Architecture and spent practically the whole evening in going over advanced plans for a number of buildings which will be erected at the Willowbrook State School for mental defectives. A contract has been let for the excavation for these buildings, and I understand that next week the contract will be let for the erection of six buildings, each to house 110 infirm patients.

Other matters brought before the committee, included preliminary sketches for a continued treatment building for 100 patients at the Kings Park State Hospital.

The CHAIRMAN: What is the pleasure of the Conference in regard to this Construction Committee report?

Motion made, seconded and carried to accept the report of the Construction Committee.

The CHAIRMAN: Under new business it is appropriate at this time to inform the Conference of the death of one of our old and most respected members. Mr. Thomas H. Munro of the Board of Visitors of the Syracuse State School, died on February 19, 1939. It seems to your chairman that it would be most appropriate to appoint a committee to draw up resolutions on Mr. Munro's death. I would like the action of the Conference on this matter.

Mr. DYER: Mr. Chairman and members of the Conference: Eight years ago in this room, at the request of the former Commissioner of Mental Hygiene, Dr. Parsons, I paid a tribute to the late superintendent of the Syracuse State School, Dr. Cobb. At the time I tried to make that tribute one also to the devoted work of all the superintendents of the State Department

of Mental Hygiene and the physicians who are doing an outstanding work, and who are leaders in their profession. The lapse of eight years has not lessened my admiration or appreciation of the wonderful work being done by you gentlemen of this Conference. You are the larger part of this Conference, but there is another element in the Conference which I think you are willing to consider also. That is the Board of Visitors, who serve without pay, many of whom have served thus for many years. One of the members of our board has served over thirty years.

Mr. Munro, who died on February 19, 1939, was one of the most valued members of our board. He became a member in December, 1922, and within a year was made president of our board, and served seven years in that capacity. I do not think that it should be said that his outstanding work for the institution was that of the presidency of the board. Mr. Munro occupied a peculiar position in our community and on our board. In the first place he was president of the Council of Farms and Markets and one great value in his work was in his assistance to our board in the placing of boys, whom we had trained for farm work, on the farms of central New York. He had great interest in that matter and a great admiration for the work the school was doing, and was proud of results shown by these boys and their ability to take positions after training. He was of great assistance to us in an advisory way in the handling of our farm problems, but over and beyond all this was his sympathetic attitude towards the work the school was doing.

In view of the fact that one of the members of the Board of Visitors was not only willing but very glad to pay a tribute to you gentlemen, I think you will be equally willing to pay a tribute to a member of the Board of Visitors of our institution who has done such great work for the State. I would like to say that the work of all the boards of visitors is entirely unselfish, and none of them are paid for their services.

I make a motion that a committee, Mr. Commissioner, be appointed by you to draw up a resolution of appreciation for the work done by Mr. Munro.

The CHAIRMAN: You have heard Mr. Dyer's motion that the chair appoint a committee to draw up suitable resolutions for Mr. Munro. All those in favor, please so signify.

The motion was made, seconded and carried that a committee be appointed to draw up suitable resolutions.

The CHAIRMAN: I will appoint on that committee:

Mr. Dyer, Dr. Rowe, Dr. Steekel.

The committee submitted the following resolutions which were unanimously adopted by the Conference.

WHERAS, It has seemed good to the Almighty God to remove from our midst our late friend and co-worker, Thomas Hill Munro, a member of the Board of Visitors of the Syracuse State School, Syracuse, New York, it appears fitting that we should take cognizance of his life as a man and a public spirited citizen. Mr. Munro came from a family of sturdy stock who settled early in the farming district of central New York and it was this occupation which he followed successfully throughout his life. Busy though he was at home, he gave much time to the public welfare of the community in which he lived and to the State. He was a leader in the formation of a Cooperative Association for Milk Producers which later became a part of the Dairymen's League. He was secretary and treasurer of the New York State Guernsey Breeders' Association for seventeen years, was a member of the State Farm and Markets Council which guided the work of the State Agricultural Department and was its chairman for several years. For three years he was sheriff of Onondaga County. Mr. Munro became a member of the Board of Visitors of the Syracuse State School in 1922 and served continuously until his death. He was president of this Board from 1923 to 1930. While he always manifested interest in the welfare of the whole institution, he gave much of his time and advice to the planning and organization of the farm colony division for boys. He liked the boys, he liked to see them succeed, he was their friend, our friend. Always gracious and courteous, he will be greatly missed by all who worked with him and knew him.

Therefore be it

RESOLVED: That to his family we tender our sympathy in their grief and the assurance of our appreciation of what his loss means to the community in which he lived, the State, the Department of Mental Hygiene and the Syracuse State School.

And be it further

RESOLVED: That this resolution be placed upon the records of this Department, and a copy sent to his bereaved widow.

WILLIAM ALLAN DYER,
H. A. STECKEL,
CHARLES E. ROWE.

The CHAIRMAN: Under new business I might bring to the attention of the Conference a letter received this morning from Dr. Samuel W. Hamilton, a member of the Salmon Memorial Committee, which reads as follows:

"This Committee begs to call to your attention the 1939 Salmon Lectures to be given in The New York Academy of Medicine on April 14, 21 and 28,

by Dr. Edward A. Strecker, professor and chairman of the department of psychiatry in the School of Medicine, University of Pennsylvania. Enclosed is Dr. Strecker's summary outline.

"May we ask that this matter be called to the attention of the Department of Mental Hygiene of New York State?

"Dr. Strecker will also deliver a Salmon Memorial Lecture in the Toronto Academy of Medicine on May 5."

The CHAIRMAN: Are there other matters which the Conference cares to bring up under new business? If not, is there unfinished business before the Conference? Apparently there is none. There is nothing more on the program, but before a motion for adjournment is made I call your attention to the notice of the meeting of the Association of the Boards of Visitors to be held immediately after the completion of the regular program.

A motion to adjourn is in order.

Motion made, seconded and carried.

Adjourned.

LEWIS M. FARRINGTON,
Secretary of the Conference.

NEWS OF THE STATE INSTITUTIONS FOR THE HALF-YEAR PERIOD FROM JANUARY 1 TO JUNE 30, 1939

NEW INSTITUTION FEATURES: ADMINISTRATION, CONSTRUCTION, IMPROVEMENTS, OCCUPANCY OF BUILDINGS, ETC.

STATE HOSPITALS

BINGHAMTON

Two Troy Trojan presses, a new drying tumbler and a new 4 by 2 $\frac{3}{4}$ air compressor, have been received and installed in the laundry.

BROOKLYN

Construction work on the four additional stories to each of the wings of building 10 has progressed during the last six months, to the point where they are now enclosed. A new fireproof partition has been erected in the basement of the east and west wings of this building, to provide space for the storage of clothing and bedding. In the basement of the west wing a new dining room for the kitchen employees has been constructed. The sickbays in this building have been redecorated and the furniture has been refinished. New kitchen equipment for building 10 is 95 per cent complete.

The walking tunnel leading from the main tunnel near the assembly hall to the basement of the Hugo Hirsh Building, started during March, is about 85 per cent complete. The new staff kitchen on the second floor of the Hugo Hirsh Building has been completed and occupied. Work began in June for the construction of a second story over the entrance to this building; this will increase the size of the general staff dining room by more than 50 per cent.

Installation of elevators in the bakery and in the shop building has been completed. Ovens and other bakery equipment have been completely installed and the bakery was made ready for occupancy during the first week of July. The third story addition to the shop building and the addition and third story to the east wing of the laundry, have been completed.

A new double handball court to the east of the shop building is now in use.

The old cement block garage and gas station, which was in bad condition, has been razed and is being replaced with a 13-car garage and gas station of brick and steel construction. Six of the garages will be immediately over the storage building. The storage building, a new fireproof structure, was erected to the north of the retaining wall in front of the mason's shop.

The room in the basement of the assembly hall, constructed for a community store, has been equipped with a 40-foot marble counter, a soda fountain, as well as new chairs, tables and cabinets to accommodate the unit, which is about to be moved from the rather small quarters it formerly occupied in the basement of the Hugh Hirsh Building.

A new fireproof stairway leading from the corridor connecting the east building and the central kitchen with the rooms over the kitchen, has been completed. The latter rooms are being prepared for use as an occupational therapy center (now occupying basement rooms in the east building).

The W. P. A. project has continued to furnish employment, at times for more than five hundred men. A considerable number of trees and shrubs, planted during the first week of May, were furnished by the W. P. A.

BUFFALO

An addition intended to house trucks and passenger cars has been made to the garage.

In February approval was received for the expenditure of \$146,865 under W. P. A. for the redecorating of 17 wards, extensive work on windows and window guards, installation of locks, additional heating, and a lighting system for roads and grounds. Work on this project, as well as on previously approved projects for repointing of stone work of the main building, and the construction of storm water drains, is progressing satisfactorily.

CENTRAL ISLIP

A sprinkler system has been installed in the attics and basements of group K, ward M-3, and all floors in the north colony employees' home.

Complete equipment consisting of refrigeration, mixing and freezing apparatus for ice cream making was installed in kitchen 5; the plant has sufficient capacity for making ice cream for the entire institution.

Renewal of the heating system in three buildings of group D has been completed.

Construction, heating, sanitary and electrical work on buildings 75, 76 and 78 in the tubercular group was completed in February. In patients' buildings 77 and 79 to 87 of this group, and in staff building 88, construction work had advanced to 74 per cent of completion.

Satisfactory progress (to about 40 per cent of completion) has been made on the W. P. A. project for interior and exterior renovations, which includes roofs, in buildings D, E, F, G, H, I, J, K and M.

CREEDMOOR

The reception building is complete, except for the painting, which is about three-quarters finished. The contract for roads and walks serving the reception building is also complete.

After January 1, the W. P. A. continued its work on jobs in the old project: The play area east of the assembly hall was finished and provides facilities for tennis, handball, basketball, badminton, shuffleboard and quoits. The stadium was completed. Galvanized water lines were replaced with brass in basements in buildings A, B, C, H, I, K, L and M. Two dishwashers in kitchen 2 were enclosed. Cyclone fencing was extended so that the entire institution is now fenced in, excepting the area opened for the new Cross Island Parkway, the boundaries of which will be fenced as a part of the contract. With setting of the granite coping, the reflection pool has been finished. Some road work, grading and planting of lawns were done, and a large number of shrubs and trees set out. Wire mesh grille work was set in the covered passageway connecting building M and kitchen 2. Interior painting included buildings R and S (completed) and building N (approximately one-half done). The renewal of piping in the completed contract tunnels is approaching completion.

In addition to the above finished work, the W. P. A. set up a most ambitious program for 1939 which was ultimately approved in Washington; however, when the detailed estimates began to come in, it became apparent that only a portion of the program could even be started; so many delays have occurred that we feel rather hopeless of accomplishing much between now and next winter. Nevertheless some work on this program has already started, and includes: construction of a brick building to house incinerator, concrete service tunnels for service lines in the staff group and connecting power house to garage, a 40-foot extension to a shop building, construction of a concrete slab extending the coal storage area, repair of porch guards and of leaking bath stalls, and continued grading and landscaping.

HARLEM VALLEY

An old wooden building, formerly used as an office by contractors, was removed to the golf course and is being remodeled for use as a clubhouse.

HUDSON RIVER

A project was started under contract for the installation of an 8-inch water main in the cottage department area. A special appropriation was made for this purpose, the cost being approximately \$15,200.

A continuing project for changing from indirect to direct heating has been commenced in the south wing of the main building. Also financed by funds from a special appropriation, this work will cost about \$6,000.

A rustic fence along the hospital property paralleling the Albany Post Road has been renewed.

With a view to converting two sitting rooms into dormitories, 40 new inside window guards were made and installed at Lakeview (tubercular building).

Nine new narcotic cabinets were built in a like number of wards for the storage of narcotics in accordance with the recently established law on this practice. Further, in conjunction with the pharmacy, an outside vault was erected for the storage of ether, and other drugs.

KINGS PARK

The new 11-story continued treatment building is progressing rapidly, following the breaking of ground in January.

A decided improvement in appearance is noted in the landscaping of the old reservoir site and the relocating of the curbstone on the boulevard; this work is nearly finished.

The interior of the schoolhouse, destroyed by fire on January 6, has been completely repaired.

Eighty-five per cent completion is reported on the renovation of building B, through W. P. A.

MARCY

An allotment of \$7,245.08 by W. P. A. was made for painting three employees' homes. In December this work was two-thirds completed but it was suspended during the winter months; the exterior painting of these buildings was begun in June.

The beauty parlor located in building C has been enlarged and redecorated. The facilities of this department have also been much enhanced by the purchase of new equipment.

Employees' sickbays on wards A-3 and A-4 have been separated from the wards by partitions.

A central clothesroom has been constructed in building G.

The 1938 allotment of \$21,026.15 under W. P. A. for grading and seeding of lawns was discontinued in December, at which time it was 77 per cent completed; on May 11, work was resumed and in June an additional allotment of \$35,064 was made by W. P. A. to continue the project.

The contract for waterproofing the storehouse and relaying cap stones was completed in May.

PILGRIM

Considerable work has been done in waterproofing and in erecting insect screens in various buildings throughout the hospital.

Through the WPA a great deal of brush clearing and grading of the hospital grounds has been accomplished and the landscaping which has been done about various buildings and along the walks, has included the setting out of 1,400 trees and shrubs from the nursery.

In February the copper roofing was blown off the barn and was later repaired by hospital mechanics.

A transfer of 25 patients from the Brooklyn State Hospital was received in April.

On May 8 the ground was turned for the erection of the new disturbed buildings Nos. 81, 82 and 93.

A dry cleaning equipment was set up in the laundry by hospital mechanics.

ROCHESTER

Since the weather has made it possible, a large amount of outside, and some inside, painting under W. P. A. has been done, a project still in operation.

Entrances with kiosks have been completed for the underpass at Elmwood Avenue. This W. P. A. project, now completed, was put into operation about the first week of May. Sidewalk approaches to these kiosks have been installed by hospital mechanics and grading adjacent to this construction has been finished. Other W. P. A. projects, proposed or approved, but not yet begun are: construction of an 8-car garage and construction of a vegetable preparation building.

The coal platform, finished early this spring, will make possible the storage of coal in a proper manner for its protection and will permit its handling with less effort than before. Previously much coal was wasted since a large part had to be wheeled through mud to the conveyors. It is a decided economy from many points of view.

It is generally known that this hospital operates with a dual water system. Last winter notice was received from the city department of public works to the effect that the hospital must discontinue some cross connections which had been installed for emergency purposes dating back to the latter part of the nineteenth century. With the approval of the Department of Mental Hygiene, arrangements were made to remove these cross connections and make available at the power house one swing connection to meet all purposes. Contract was awarded to make the necessary installations at the

powerhouse, but the work has progressed slowly, being not much more than 50 per cent completed at the end of the fiscal year. The individual cross connections in the various buildings will be removed by hospital mechanics.

Many shrubs, including 90 Norway maple trees, were planted early in the spring and to date none have died. We have not had such good fortune, however, with some of the evergreen trees that were transplanted from our propagating garden.

Cafeteria counters in the Howard group dining rooms were practically completed at the last of the fiscal year. It is hoped that the 960 patients in these buildings can be served by these two counters, thus making available for other purposes one of the double dining room wings. A saving of about \$400 was made as compared with the estimated cost.

ROCKLAND

The new diet kitchen in the basement of the medical-surgical building has been completed and placed in use. Serving room, kitchen and dining room equipment is being installed in the new buildings for disturbed patients; it is expected that these buildings will be ready for occupancy in August or the early part of September.

W. P. A. workers have completed the retention wall to the south of the administration building. Under another W. P. A. project, painters have been engaged in repainting the steel window frames in various buildings.

UTICA

During January contracts in the sum of \$119,262 were awarded for the construction of a shop building in which it is proposed to house the print shop of the State Hospitals Press, and the coffee roasting plant. Work on this structure has been started.

Contracts were also awarded in January for the remodeling of the cold storage building and the installation of new refrigeration equipment. This work is estimated to cost about \$75,000.

A new concrete stave silo, 18 by 140 feet, is under construction at the Grayeroft farm.

On January 13 work was started on WPA project SS14-1231, totaling \$33,844. An average of 20 men have been employed since that date in painting, renewing slate and shingle roofs, and building an addition to one of the dairy barns for bull pens.

In order to protect the many shade trees about the grounds, and especially the elms which line the main drive, against tent caterpillars and the elm leaf beetle, a new sprinkler was purchased and placed in use. This

sprinkler has sufficient power to reach the highest of the trees as well as the smaller shrubs.

A new incinerator was installed and put in operation, near the site of the old one.

WILLARD

Major construction during the last six-month period includes: Reconstruction of the interior of the mortuary; reconstruction of the interior of the piggery; installation of a septic tank at Buttonwood; redecoration of steward's office; and installation of window screens in day rooms, dormitories, dining rooms and kitchen at the infirmary.

New equipment purchased includes a seven-passenger custom Imperial Chrysler and a custom Imperial Chrysler ambulance.

The following W. P. A. projects were under way: Additional road and curbing from storehouse to the south home and around the laundry, cold storage, pasteurizer and east hall; entire renovation of the interior of the auditorium of Hadley Hall, involving replastering, repainting and repairs to woodwork, and the laying of floors in the lobby; and a new flood control project consisting chiefly of roads, and the installation of tile and building culverts and catch basins.

STATE INSTITUTIONS

LETCHWORTH VILLAGE

The filtration plant at the reservoir has been completed and placed in operation.

Construction of additions to the hospital building proceed, and contract has been let for an addition to one of the girls' infirmary buildings.

NEWARK

The following W. P. A. projects are being carried out at the time of this report:

Laying of fire line from main to hospital buildings in boys' group to the farm colony. This permits of fire hydrants about this colony.

Removal of about seven thousand cubic yards of dirt in front of administration building next to new road on Church Street, to prevent slides into the street and to terrace the hillside.

Resurfacing of drives about staff building and residences, storehouse, Kane Home and parking lots.

Grading about new propagating houses; also west of south dormitory and new hospital; and along Vienna Street, Maple Avenue and around various farm buildings.

Removal of about twenty-five trees.

Construction of about three thousand linear feet of sidewalk.

Placing vitrified tile pipe along Cuyler Street and resurfacing this street.

Painting of various buildings throughout the grounds.

Institution mechanics are replacing old piping with brass pipe in several of the older buildings in the girls' group.

SYRACUSE STATE SCHOOL

A new General Electric shockproof X-ray unit, Model F 35, has been installed for use in general medical surgical work as well as in dental work.

New hot water systems have been installed in Amos, Antrim and Munro colonies.

An iron stairway was installed at the west end of the power plant.

WASSAIC

The new assembly hall is now approximately 95 per cent completed.

Two hard-surface tennis courts for employees are under construction in the rear of the school building. The money to cover cost of these is the balance left in the treasury of the Social Club when the community store was taken over by the State.

On a hill near the northeast boundary of the institution grounds, a cabin is under construction for a Scout camp. It is conveniently near a large field which will be available for playground activities and also Webetuck Creek, which will afford swimming facilities.

The county authorities are replacing the old bridge over Ten Mile River, which was condemned as being unsafe, with a new structure at a point about one hundred feet upstream.

CRAIG COLONY

A W. P. A. painting project continues, with the completion of interiors of a number of cottages occupied by patients. In the late spring several exteriors of Colony buildings were painted.

The installation of a new 500-KW generator has been practically completed; the new water supply system is approaching completion; automatic stokers have been installed in the boiler rooms at Loomis, Junipar and Birch cottages; an electric refrigeration unit was placed in the newly-insulated room in Schuyler infirmary.

The central authorities finally decided that hay keepers were not to be erected adjacent to the Colony's new dairy barn. In the future, hay is to be baled in the field.

A superstructure on the west house barn, damaged by fire in July, 1938, has been replaced.

NOTEWORTHY OCCURRENCES

STATE HOSPITALS

BINGHAMTON

A special course for health officers was held at the hospital March 16, under the auspices of the State Department of Health. Dr. Arthur H. Cummings, district health officer, and eight other health officers were present.

Dr. William J. Tiffany, Commissioner of Mental Hygiene, visited the hospital April 8. Mr. Charles B. Dix, supervising power plant engineer of the department, visited the hospital, May 5.

The following employees retired on pension during the past six-month period:

- Kate Beyea, charge attendant, January 1.
- Lena Hildreth Bishop, tailoress, January 31.
- John G. Mooney, blacksmith, February 1.
- Walter S. Bowman, charge attendant, February 23.
- Rose Doyle, special attendant, hydrotherapist, April 30.

Two employees died during the same period:

- Ira K. Johnson, attendant, February 4.
- Marion Royee, charge attendant, February 11.

BROOKLYN

Dr. Manfred Sakel visited the hospital, February 21, made an inspection of the insulin unit, and reviewed the insulin work which had been done here.

The administration of metrazol was suspended on March 9, due to the number of fractures which had been found to occur incidental to its use. During the time metrazol therapy was in use here 16,082 treatments were administered to 538 patients, of which number 125 were paroled.

On March 27 at the assembly hall, the Neuropsychiatric Forum held a meeting which was well attended. Dr. Norman Jolliffe of Bellevue Hospital presented a paper on "Vitamin B-1 and Nicotinic Acid."

The doctors' musical society of the Kings County Medical Society gave concerts in the assembly hall, March 29 and June 5.

Dr. William J. Tiffany, Commissioner of Mental Hygiene, visited and inspected the hospital on May 26.

One physician and the chief occupational therapist were in attendance at the World's Fair during May to supervise the exhibit of the Department of Mental Hygiene in the New York State Building. In June two social workers attended the mental hygiene exhibit conducted under the auspices of the National Committee for Mental Hygiene.

On March 7 the officers and employees gave a reception and dance in the assembly hall in honor of Miss Mary Manahan, supervisor, female reception service, who retired March 1 after 25 years of service.

The following employees died during this six-month period:

Thomas S. Smith, attendant, January 21.

Frances Spurgeon, R. N., February 24.

Miehael Noone, attendant, March 19.

BUFFALO

Dr. John A. Pritchard, superintendent, on January 19 attended a meeting in New York City of superintendents and other psychiatrists, called by Senator McNaboe for the purpose of considering legislative procedure in reference to criminals.

On March 30, Dr. William J. Tiffany, Commissioner of Mental Hygiene, visited and inspected this hospital.

Mr. Edward G. Zeller, president of the Board of Visitors, resigned from the board, April 8, having accepted a position in the city administration. Mr. Charles S. Sedita of Buffalo, was appointed to fill Mr. Zeller's unexpired term, May 17, his term to expire December 31, 1943.

Mrs. George L. Boyd, a member of the board, resigned April 18. Her unexpired term was filled May 17 by Mr. Blase M. Grabowski of Buffalo, the term to expire December 31, 1940.

Also appointed on May 17 was Mr. J. Milford Jennison of Buffalo, to fill the unexpired term of Mr. Frank J. Schmidt, deceased, term to expire December 31, 1944.

The steward and bookkeeper attended a meeting in Albany, May 26, of the Department of Mental Hygiene, at which new payroll arrangements and new maintenance schedules were discussed.

The Salmon Memorial Lecture by Dr. Edward A. Strecker, at the University of Toronto, May 5, was attended by Drs. H. L. Levin, William G. Cudmore, B. G. Schutkeker and Murray A. Yost.

Miss Eva H. Erickson resigned January 14 as assistant principal of the school of nursing. Her place was filled the same day by Mrs. Ruth B. Warren.

Mildred Ruether, attendant in the sewing room, retired April 30. Frederick Cheesman, watchman, retired May 31.

CENTRAL ISLIP

Members of the social service department attended a meeting of American Orthopsychiatric Association held in New York City, February 23-25.

The semiannual conference of stewards, held in Albany March 22 and 23, was attended by the steward, Mr. Frey.

Seven physicians from this hospital, in company with other physicians in the vicinity, visited the Squibb laboratory and research unit at New Brunswick, N. J., April 13.

The Long Island Psychiatric Society held its meeting at this hospital, April 18. The program was presented by Dr. G. Allen Robinson, attending radiologist of the hospital, as follows: 1. Motion picture film showing production and uses of radium. 2. Relative value of radiation and surgery in the treatment of cancer. 3. Review of tumor cases treated by radiation in the Central Islip State Hospital. The meeting was well attended.

The Nurses' Association of the Counties of Long Island, Inc., district No. 14, New York State Nurses' Association, visited the hospital, May 23. There was an attendance of 125 in the afternoon and of 300 in the evening.

Dr. David Corcoran, superintendent, attended the meeting of the American Psychiatric Association in Chicago, May 7-13.

Dr. Reidar Trygstad, pathologist, attended a meeting of the New York State Association of Public Health Laboratories at Grasslands Hospital, Valhalla, N. Y., on May 8.

The following employees retired from the service of the hospital during the past six-month period:

Sarah Ashby, attendant, April 23.

John Eberhardt, mason, June 4.

Three employees died during the same period:

Robert C. Gill, chauffeur, January 24.

Lena M. McIntosh, nurse, February 27.

Anna M. Foley, supervisor, May 1.

CREEDMOOR

The annual minstrel show with talent recruited from the patients of the hospital, was given February 16 and 17.

The Long Island Psychiatric Society held a meeting here on the evening of February 21.

Capping and chevron exercises for the training school were held March 14.

A safety committee has been formed, consisting of the first assistant physician, the steward, the chief engineer, and a safety inspector from the State Insurance Fund. Meetings are held regularly each month at the hospital.

Mr. C. Cornelius Colesanti was appointed steward on March 1.

Two employees retired during this period: William S. Lynt, carpenter-locksmith, on March 31, and Margaret Driscoll, chief supervisor, on June 30.

GOWANDA

It is with regret that we record here the death of Dr. Adelbert D. Dye, senior assistant physician, who passed away on April 8, following a brief illness, the result of a coronary thrombosis.

Mrs. Dorothy K. Anker, executive secretary, and Miss Day, both of the New York State Nurses' Association, district No. 1, visited on January 19, to assist in the organization of a nurses' alumnae association at this hospital.

A group of 30 health officers of Chautauqua and Cattaraugus counties met at the hospital March 28, under the direction of Dr. Robert L. Vought, assistant district health officer, to discuss their problems in relation to the mentally ill.

On April 17 a group of 32 public health nurses from Chautauqua and Cattaraugus counties met at the hospital for a program of mutual professional interest and a tour through the hospital.

Dr. L. A. Hurst of Cape Town, Union of South Africa, arrived April 14, to spend a few days visiting the hospital. During his stay he gave a most interesting talk to the staff on the treatment of the mentally ill in South Africa.

The Buffalo Neuropsychiatric Society held a meeting at the hospital the evening of May 23, the program being supplied by members of the local staff.

HARLEM VALLEY

Mr. C. C. Colesanti, assistant steward, resigned February 28, to accept the position of steward at Creedmoor State Hospital. His place was filled by Mr. Joseph H. Anderson, who was appointed April 1.

HUDSON RIVER

On January 10 the hospital was visited by Mr. A. Pierson Alward, Georgia state architect, who inspected several of the more recently constructed buildings to obtain information in connection with his plans for the development of the Milledgeville (Ga.) State Hospital.

Word was received January 28 that Dr. Ralph P. Folsom, superintendent, had been reappointed consulting neuropsychiatrist at Vassar Brothers Hospital, Poughkeepsie, for the appointive year ending January 31, 1940.

The regular meeting of the Dutchess County Medical Society was held at this hospital, February 8. An unusually interesting paper, entitled "Failure of the Peripheral Circulation," was given by Dr. John E. Dietrick, attending physician, New York Hospital, New York City.

Notification was received February 10, from the department, advising that the Governor had reappointed Mr. Benson R. Frost of Rhinebeck, as a member of the Board of Visitors, the term to expire December 31, 1945.

Dr. Stuber and Mrs. DeWitt, Springfield State Hospital, Sykesville, Md., visited the hospital, February 27 and 28, seeking acquaintanceship with the family placement work in operation here.

On March 16 the twenty-first stated meeting of the Dutchess County Psychiatric Society was held at this hospital. Dr. Joseph J. Doltolo, of the staff, presented a paper on further developments and results of treatment of tuberculous patients at this hospital. Dr. Courtenay L. Bennett, also of the hospital staff, presented clinical cases. The paper was discussed by Dr. Bertram Roberts, district health officer, and Dr. A. A. Leonidoff, both of Poughkeepsie.

On March 28 a symposium was given for a group of health officers who were enrolled in the extension course in public health.

A farewell party was given at the assembly hall, for Dr. Robert W. Andrews, who recently resigned as visiting surgeon. A gift was presented to him as a token of loyal service to the hospital.

Dr. John Y. Notkin, director of clinical psychiatry, was appointed assistant clinical professor in neurology and psychiatry at the New York Postgraduate Hospital, Columbia University, effective July 1.

The hospital observed Hospital Day on May 12. The public had been invited through press and invitation. After a tour through the hospital, visitors were taken to the assembly hall, where moving pictures of numerous hospital activities were shown.

Ann E. Liddy, social worker, was transferred to Brooklyn State Hospital, April 16.

Jennie Decker, charge attendant, retired March 31. Harriet C. O'Rourke, charge nurse, retired June 30.

KINGS PARK

The Long Island Psychiatric Society held a meeting, March 21, at York Hall. The topic of the evening was "A Method for Differentiating Manic-Depressive Depressions from Other Depressions by Means of the Parotid

Secretion." The main presentation was made by Dr. Edward I. Strongin of the Psychiatric Institute and Hospital, New York City.

Tiffany Field was the scene of annual Memorial Day exercises on May 30, and the annual field day program on June 3.

The semiannual exhibit and sale of the occupational therapy department was held June 27-29.

Dr. Pompeo Milici, senior assistant physician, and Miss Gertrude Vink, chief occupational therapist, have been assigned to be in attendance at the New York State Building at the World's Fair, on Wednesday of each week during the entire session of the fair.

Mrs. Lillian F. Oliver was reappointed a member of the Board of Visitors, her term to expire December 31, 1945.

One hundred twenty-five patients were received by transfer from the Brooklyn State Hospital during the past six months.

One hundred sixty patients were transferred to the Willard State Hospital, May 1.

Mrs. Eoline Smith, occupational therapist, resigned January 22.

Mr. Raymond L. Overton, attendant, died February 23.

The following employees retired on pension during the six-month period reported:

Robert Bischoff, attendant, March 17.

William Nichols, attendant, March 31.

Edward Hughes, fireman, boiler house, March 31.

Loretta Fox, special attendant, occupational therapist, April 30.

Herman Vesotsky, attendant, May 13.

MANHATTAN

Representatives of the Society of the Friends of the Mentally Afflicted gave a Passover supper for Jewish patients the evening of April 3, in the amusement hall. It was attended by 119 male and 131 female patients.

The evening of June 14 the Manhattan State Hospital School of Nursing Alumnae Association entertained the graduating class of 1939 at a garden party and dance in the amusement hall and on the adjacent grounds.

MARCY

A meeting of the visiting and consulting staffs, in conjunction with the resident staff of the hospital, was held January 26. Dr. Hyzer W. Jones of Utica, read a paper on "The Present Status of Chest Surgery in the Treatment of Pulmonary Tuberculosis." Dr. David Harrison of Broadacres Sanitarium, and Dr. Gabriel Schein of this hospital, gave a report on the tuberculosis survey conducted here.

Dr. William W. Wright, superintendent, attended the annual meeting of the American Psychiatric Association at Chicago, May 8-12.

Miss Lena A. Plante, chief social worker, and Miss Felicia Wasileska, social worker, attended the National Conference of Social Work in Buffalo, June 20.

The following employees died during the past six months:

Fanny Damuth, attendant, January 12.

Clifford Hicks, attendant, May 22.

Frank J. Sullivan, driver, June 2.

R. Watson Williams, driver, retired on pension, April 30.

MIDDLETOWN

Mr. J. Floyd Halstead of Goshen, a member of the Board of Visitors since 1920, died at Palm Beach, Fla., February 11. Mr. Philip A. Rorty, also of Goshen, has been appointed by the Governor to fill the vacancy.

Dr. Edward J. Humphreys, director of research at Letchworth Village, visited the hospital during the week of February 14, to extend his research to include former patients of Letchworth Village now at this hospital.

On March 15, Dr. Harry L. Chant, district health officer, brought a group of health officers for the extension course of lectures and clinics.

Mrs. Mary Jane Freer and Mr. Richard A. Rosanoff of the Harlem Valley State Hospital staff, visited here March 7 and 8, to observe homes used by this hospital for family care of patients.

A quarterly meeting of the New York State Nurses' Association, district No. 11, was held at the hospital, April 21. More than one hundred nurses attended. Dr. Murray Bergman, senior assistant physician, gave a symposium and case presentation on syphilis of the nervous system.

Public health nurses met at the Valley Home on April 19. Miss McChesney, State Department of Health, gave a lecture on communicable diseases.

Two groups of high school students, organized into the "Know Middletown Club," visited the hospital in May in charge of their teacher of civics and economic citizenship, Mr. John Baneroff.

Mrs. Lillian L. Hunter, supervisor, retired June 30, after 28 years of service.

PILGRIM

Miss Eva Erickson was appointed assistant principal of the school of nursing, January 15.

A meeting of the Long Island Psychiatric Society was held January 17, Dr. Edwin G. Zabriskie being the speaker of the evening; the subject of his address was "National Health Insurance Plan."

Dr. Carlyle A. Porteous, medical director of the Verdun Protestant Hospital, Montreal, Quebec, and clinical professor of psychiatry, McGill University, visited the hospital on January 27 and was shown some of the work being done at this hospital.

A series of concerts were given in the spring, starting in January, by the Nassau-Suffolk Little Symphony Orchestra in the assembly hall. This was a WPA Federal Music Project.

Mr. Harry Fischel was reappointed in February by the Governor, as a member of the Board of Visitors, term to expire December 31, 1945.

Mr. J. D. Stephanides, legal representative of the Greek Consulate called at the hospital on March 7.

Word was received in April of the appointment of Mr. Andrew J. Melton by the Governor, to the Board of Visitors to fill the vacaney caused by the death of the late Dr. Willoughby Pendill.

Dr. Manfred Sakel was a visitor at the hospital on April 5.

The model of Pilgrim State Hospital, formerly in the entrance hall of the main office, is now on exhibition at the New York World's Fair on the second floor of the New York State building.

Dr. Harry J. Worthing, superintendent, attended the meetings of the American Psychiatric Association in Chicago, May 8-12, and on May 11 took part in the round table discussion, giving a talk on "The Need of Trained Personnel for Occupational Therapy."

Mr. J. M. Sheppard of the British Board of Control of New Psychiatric Hospitals, an architect, visited the hospital May 13.

Dr. L. P. O'Donnell, first assistant physician, attended the American Psychopathological Association meetings in Atlantic City on June 5 and 6.

On June 23, Dr. Brewster of the Veterans' Administration Facility of Northport, visited the hospital together with Dr. Pringle, Dr. Carl A. Neves, and D. W. Kennamar, to inspect the food service for various types of hospital patients.

ROCHESTER

Visitors for the State Charities Aid Association, Mrs. Theodore Richard Perry and Mrs. John W. Hotchkiss, Geneseo, made an inspection tour of the hospital on June 27.

A conference of health officers was held March 29. Drs. John L. Van DeMark, superintendent, William H. Veeder, first assistant physician, and

Kenneth K. Slaght, acting clinical director, addressed the group. Since that time, other health officers have visited and have been afforded the same demonstrations, although there have not been formal proceedings.

The interhospital conference at Utica State Hospital in April was attended by five members of the staff, one of whom, Dr. Rolin P. Fiero, read a paper entitled "Some Observations on Problems of Continued Treatment with Particular Reference to the Disturbed Patient."

For the second time commencement exercises of the school of nursing were held jointly with other training schools of the city at the Eastman Theater, June 2. Twelve students, five men and seven women, were graduated. Major Julia C. Stimson, president, American Nurses' Association, addressed the gathering. A reception for the class in the employees' club-rooms followed the formal exercises.

Annual field day exercises were held June 22.

The hospital was visited by the following persons during the period reported:

Mr. H. J. Henderson, Department of Audit and Control, January 11, 13 and 18.

Messrs. Ryon and Zable, Department of Public Works, January 26.

Mr. S. T. Vosburgh, State Department of Law, February 15.

Sven-Gunnar Lindstrand, officer of army medical corps, Stockholm, Sweden, March 20.

Rev. Robert E. Brinkman, administrative assistant, Council for the Clinical Training of Theological Students, Inc., March 24.

Drs. Franz J. Kallman and L. A. Hurst, April 25-29.

ROCKLAND

Mrs. Gilbert and Mr. Orbison, psychologists, Osawatomie State Hospital, Osawatomie, Kans., visited the hospital, January 3, and inspected the children's group. During January, Miss Irene Hunter of Ann Arbor, Mich., spent two weeks at the hospital to study the organization and methods in the children's service. The same service was the subject of an inspection on February 22 by Dr. William G. Ferguson of the Martha Beaman Foundation.

Dr. E. Froehlicher of Basel, Switzerland, visited the hospital March 1. Dr. M. Ellermain, assistant chief physician, St. Hans Mental Hospital, Rockilde, Copenhagen, Denmark, visited on April 25.

Musicians from the Missionary Training Institute of Nyack gave a splendid concert in the assembly hall, April 5, for the benefit of the patients and employees.

The Ladies' Auxiliary of the Rockland County Medical Society held its monthly meeting in the employees' lounge, March 21.

The Psychiatric Society of the Metropolitan State Hospitals held its meeting, April 3, at the children's group of this hospital.

A child guidance clinic was opened at the Haverstraw school, April 17.

In the assembly hall on May 5, a dance was held under the auspices of the women's auxiliary of the Nyack Hospital, for the benefit of that institution.

The meeting of the American Psychiatric Association in Chicago was attended May 8-12 by the following staff members: Dr. Russell E. Blaisdell, superintendent, Dr. Henry M. Chandler, first assistant physician, Drs. Jessie S. Chandler and Walter A. Thompson, senior assistant physicians, Dr. Simon Kwalwasser, assistant physician, and Dr. Lawrence J. Roose, medical interne.

On May 10 the Rockland County Medical Society held its spring meeting at this hospital.

The school children of Rockland County held their May festival in the assembly hall, May 12. Several hundred children were present and the teachers and children in the hospital children's group helped to make the arrangements, entertain the visitors, as well as take part in activities.

The children's group was visited May 13 by Dr. Abel and members of her staff at the Manhattan Industrial School for Girls. They were also accompanied by several members of the New York State Education Department.

Members of the social workers' club of Rockland County visited the hospital, May 31, and were taken on a lecture tour of the institution.

The annual field day for patients was held June 20.

Mr. Henry Kleber was appointed pharmacist on January 22.

Miss Elizabeth O'Brien, assistant social worker at Brooklyn State Hospital, transferred to this institution, February 15.

Miss Elizabeth Toye, attendant, died January 4, from acute peritonitis due to streptococcus.

ST. LAWRENCE

The hospital received on January 11, an accredited herd certificate from the United States Department of Agriculture, bureau of animal industry, advising that its herd of 233 pure-bred and grade cattle is now an accredited tuberculosis-free herd.

Mrs. George D. Hewitt of Carthage, was reappointed February 11 a member of the Board of Visitors, her term to expire December 31, 1945. Mr. Arthur J. Tyo of Ogdensburg was appointed to the vacancy incurred by the death of the late John L. O'Connor, this term to expire December 31, 1939.

The Most Reverend Joseph H. Conroy, Bishop of Ogdensburg, died at the Bishops' House in Ogdensburg, the morning of March 20. It was through the foresight and energy of Bishop Conroy that St. Vincent de Paul's Chapel was built at the hospital by the people of the diocese. He was much interested in the hospital and his passing was a great loss to the people here.

Seven health officers, accompanied by Dr. Stanley W. Sawyer, district health officer of Gouverneur, attended the extension course at the hospital, March 28. Following the reading of papers by staff physicians, luncheon was served and a tour of inspection was made.

Mr. Bert J. Rogers, county club agent, extension service, boys' and girls 4-H club work, accompanied by 60 members of the organization, visited here on April 8 and, after demonstrating judging horses, held a judging contest with four horses. They then visited the piggery where they judged one ring of hogs. This is the second year that the organization has held its contest at the hospital.

A meeting and demonstration, sponsored by the St. Lawrence County Horse Breeders' Society, was held at the carriage barn. Dr. Leo A. Fortune, veterinary, president of the group, directed the activities with the assistance of representatives of the county farm bureau. Mr. Arthur Horton, breeder of pure-bred Belgians, of Johnson City, was the principal speaker. Mr. Gene Leighton, Cornell University, blacksmith, gave a demonstration in shoeing horses and straightening hoofs. Dr. J. F. Roberts gave an address on "The Place of the Horse on the Farm." About three hundred persons were present.

On May 12, Mrs. Helen Sinclair Frenette, Malone, was appointed by the Governor, to fill the unexpired term of Dr. Aloney L. Rust on the Board of Visitors. Mrs. Frenette's term will expire December 31, 1941.

Harold D. Dunn, cook, died on June 13.

The following employees retired on pension within the last six months:

Frances Miller, attendant, January 1.

William LaRose, fireman, January 1.

Clark F. Nichols, master mechanic, May 1.

UTICA

The third annual observance of National Social Hygiene Day was held with appropriate exercises in Hutchings Hall, February 1. The attendance was about 350. Miss Eva M. Schied, chief social worker, had charge of the arrangements as secretary of the health group of the Utica Council of Social Agencies.

On February 21 and March 14, Prof. Roy W. Foley came to the hospital with groups of students from Colgate University. Dr. N. J. T. Bigelow,

clinical director, gave them a demonstration, with illustrative cases, of abnormal psychology.

Dr. Alfred Heymann, district health officer, and nine health officers visited the hospital March 23. The group attended staff meetings and were given a discussion and demonstration by members of the hospital staff.

A clinic was held April 22, for students numbering 200 from Syracuse University, 40 from Hamilton College and 10 from the Knox School. This clinic and demonstrations were conducted by Drs. R. D. Helmer, first assistant physician, and Duncan Whitehead, senior assistant physician.

The up-State interhospital conference was held in Hutchings Hall, April 28 and 29. The three sessions were conducted by Dr. Nolan D. C. Lewis, director of the Psychiatric Institute and Hospital, New York. The majority of the papers read treated the problems of alcoholic psychoses and of psychopathic personality.

The afternoon of April 29, approximately one hundred medical students from Syracuse University were given a clinic consisting of a demonstration of the administration of insulin and metrazol to cases of dementia praecox. The clinic was conducted by Drs. N. J. T. Bigelow, Edward N. Bink and Robert Sampliner.

Dr. Richard H. Hutchings, superintendent, was in Chicago, from May 8 to 12, in attendance upon the annual meeting of the American Psychiatric Association, at which he read his address as retiring president of that organization.

Miss Eva M. Schied, chief social worker, took part with others in a case discussion at the regional conference of the New York State Conference on Social Work, at Oneida, May 3.

Prof. Wesley L. Wells and 18 students from Syracuse University and Prof. Ernest M. Ligon with 35 students from Union College came to Utica May 3. Drs. N. J. T. Bigelow and Oswald J. McKendree gave a clinical demonstration.

From Skidmore College on May 6 came Prof. Carl E. Smith and 16 students, who made a tour of the hospital and were addressed by Dr. Bigelow.

On May 19 Prof. C. E. Meyer brought 87 students from Syracuse North High School. The address was made by Dr. McKendree.

An institute, arranged by Miss Eva M. Schied, was held at this hospital May 23, for social workers and welfare officials. Thirty-three were in attendance, numbered among them Judge T. Cuthell Calderwood, county judge of Fulton County.

Broadacres Sanitarium, the superintendent of which is Dr. William C. Jensen, has rendered a splendid service to the hospital in undertaking a complete X-ray study of employees in this hospital with reference to the

possibility of tuberculosis infection. Two men and four women were found to have lesions of the lung, which require treatment, and all have been granted the privilege of leave of absence.

At the request of the Mental Hospital Survey Committee, Dr. Charles E. Benwell of Wellington, British Columbia, came here June 5 as an official observer, to remain for a period of three to six months.

James F. McCarthy, special attendant, retired March 31.

The following employees died during the past six-month period:

Walter J. Marnell, storekeeper, January 5.

Grace E. Hoskins, charge nurse, February 8.

Mabel B. Williams, attendant, May 30.

WILLARD

Drs. Pridham, Welch and Blauvelt of Cornell University, made a survey of the trees of the hospital and stated that 50 per cent of them were diseased.

As the result of a heavy rain, the basement of Edgemere was badly flooded on August 10.

A survey for tuberculosis was commenced in November under the direction of the superintendent and staff of the Biggs Memorial Hospital, Ithaca. At the end of the fiscal year, 3,029 X-ray plates of the chests of patients and 504 X-ray plates of chests of employees had been taken.

PSYCHIATRIC INSTITUTE AND HOSPITAL

A meeting of the Psychiatric Society of the Metropolitan State Hospital was held at the Psychiatric Institute February 6. The program consisted of papers by members of the Institute staff.

The New York Society for Clinical Psychiatry held a meeting here on March 9, members of the local staff contributing the program.

On April 19 and 20, the annual interhospital conference of the down-State hospitals was held at the Institute. The program consisted of three sessions and included a symposium on psychopathic personality. Papers were read by staff members of the following hospitals: Brooklyn, Central Islip, Creedmoor, Hudson River, Kings Park, Manhattan, Middletown, Pilgrim, Rockland, Letchworth Village, and the Psychiatric Institute.

SYRACUSE PSYCHOPATHIC

The hospital was visited by Dr. Reginald R. Steen, medical inspector, March 1. Dr. William J. Tiffany, Commissioner of Mental Hygiene, visited on April 7.

A representative of the State Insurance Fund visited the hospital and addressed the employees on the matter of safety, May 4.

Dr. H. Beckett Lang, medical inspector, visited May 24.

STATE INSTITUTIONS

LETCHWORTH VILLAGE

The School of Dentistry and the College of Physicians and Surgeons, both of Columbia University, conducted a research project at Letchworth Village during the late winter and early spring of this year. The purpose of the study was to determine the effect of vitamins on dental caries among children, and eventually the control of dental caries. In addition to the regular diet, definite amounts of vitamins were given daily at meal times in cocoa to a group of children. By comparing the teeth of the children who received the vitamins with those of the ones who did not, it is hoped that those receiving the additional vitamins will have less caries.

A grant-in-aid of \$600 from the Social Science Research Council has been received by Dr. Elaine F. Kinder, psychologist, for a follow-up study in this institution of the social adjustment of 100 high grade defective girls. This work will be conducted by Dr. Kinder and will be used to compare the adjustment of 100 mentally defective girls who were paroled from this institution with a like number paroled from the Hudson Training School.

Recently two Scout troops were officially organized, one for boys and one for girls. Each troop was initiated with impressive ceremonies.

The employees of the institution have formed a chapter of the Association of State Civil Service Employees and have elected the officers of the chapter and members of the executive council.

Dr. Charles B. Davenport of Cold Spring Harbor, L. I., distinguished scientist, who had been engaged for nearly twenty years in noteworthy research activity at the institution, officially completed his work here the latter part of April. However, he has not entirely severed his connection with the institution, since he will retain his membership on the Letchworth Village Advisory research board. The Letchworth Village paper, "Village News," dedicated its May issue to Dr. Davenport in tribute to his services to the institution.

During the past six months Letchworth Village has entertained many distinguished guests, among who were Mr. Welles Bosworth and family of Paris, France, and Drs. Lionel S. Penrose and J. A. Fraser Roberts, both of England. Mr. Bosworth is a celebrated architect and designed the orig-

inal buildings at Letchworth. This was his first visit to the institution since it was built. Dr. Penrose and Roberts visited here after their return from the meeting of the American Association on Mental Deficiency, held in Chicago the early part of May. Dr. Penrose is one of the leading authorities in the field of mental deficiency and has written a widely-read book on the subject. Dr. Roberts is a well-known authority on genetics and is making a tour of schools for mental defectives in this country.

NEWARK

An "honor ward" for Boy Scouts was opened in February, in the new hospital. The boys have decorated the ward with their paraphernalia and have a small adjoining room for their Scout meetings. Only one employee is on duty and the boys are held entirely responsible for the conduct and care of the ward.

Several physicians of the State Department of Health have been conducting a tuberculosis survey at this institution. In March more than seven hundred lung X-rays were taken on the school's new machine.

The Wayne County Medical Society held a meeting at the school on April 4. Dinner was served to the group. The scientific program was provided by Drs. Hoefler and Donk.

The Neuron Club, a society of psychiatrists and neurologists of western New York, was entertained here May 20. Dr. Donk of the local staff, and William Lyons, speech correctionist, furnished the scientific program.

Katherine Beach, matron of Newark colony for many years, retired from service April 20.

Helen K. Van Valkenburgh, employed at the school for 13 years, died on February 2.

SYRACUSE STATE SCHOOL

Throughout the school and its colonies, the various basketball leagues created a great amount of interest during the winter, 162 games marking a most successful season. Two sections of bleacher seats are to be placed on the stage of Cobb Hall so that a greater number of persons may attend these games in the coming year.

Two inspectors of the Department of Public Works, division of engineering, visited the school in February, and a member of the Department of Architecture came in March, to make a survey of the electrical load on our conduit in the main building, north wing, south wing, boys' building, music hall and the superintendent's residence. This was in response to the school's request for a report with recommendations, from the State Department of Architecture.

In March, teachers of the arts and crafts department accepted an invitation of the C. C. C. camp at Fayetteville, to organize a hobby class in weaving and leather tooling. The teachers reported that their work was well received by the management of the camp, and that great appreciation was shown for their assistance.

The Physical Education Circus was held May 12 and was enjoyed by all who attended, especially since its manner of presentation was unique, and praise is due its organizers.

Commencement exercises for the domestic arts class were held on June 14, the guest speaker being the director of the home demonstration department, Syracuse-Niagara Hudson Power Corporation. Moving pictures were shown of the "Five Star Home" in Syracuse. The diplomas were presented to the graduates by Mrs. Benjamin Stolz, secretary of the school's Board of Visitors.

Mr. David Bain, employed as a laborer and who tended the greenhouse and flower gardens at the school, died suddenly April 29. Mr. Bain, employed at the school since February 21, 1929, was a faithful employee and it is with regret that his passing is recorded.

Mr. Thomas H. Munro, a member of the Board of Visitors, passed away on February 19. Mr. Munro was at one time president of the board. His post was filled by Mr. Morris P. Fennelly.

On May 1, Mr. John F. Nash resigned as a member of the Board of Visitors. He was succeeded by Mr. Lewis C. Ryan.

WASSAIC

April 2 was set aside as Parents' Sunday. The reason for choosing this day was the custom of parents to visit on Sunday, at which time school is closed. Cards were sent to the children who take part in the various activities of the school, suggesting that they visit the institution at this time and inspect the work of their children. After an entertainment, the parents were conducted by school teachers through the classrooms, where the work of the boys and girls was exhibited. The attendance was good despite inclement weather.

Commissioner William J. Tiffany visited the institution April 15.

On April 20 Dr. Leo J. Palmer of Walkill Prison, addressed a meeting of the Dutchess County Psychiatric Society held at this school. His subject was Treatment of Psychiatric Problems in Prisons.

A May Day festival was held May 17. There were songs and dances by the children, dramatizing the conflict which occurs when winter gives way to spring. On Memorial Day games and sports provided an abundant program. The annual exhibition and sale held at the end of the school year was well attended and enthusiastically received.

Dr. Russell E. Blaisdell, superintendent of Rockland State Hospital, very kindly donated 7,500 cuttings of basket willow, which have been set out to start a willow wyck. After these grow, it is planned to make willow furniture and other articles, such as baskets.

National headquarters has registered the Wassaic State School Girl Scout troop for another year.

CRAIG COLONY

Dr. William S. Hartigan of Rochester, was appointed a member of the Board of Visitors in place of Dr. Frederick Peterson, deceased.

Sister Sophie Haugdal, superintendent of nurses of Ostmark Hospital, Oslo, Norway, visited the Colony, February 5 and 6.

On March 10, 10 student nurses and 11 graduate nurses attended a clinic day at the Rochester State Hospital.

The occupational therapy department presented an operetta in the assembly hall, March 10.

The women's chorus of the Rochester Gas and Electric Corporation gave an excellent concert at the Colony, May 11.

Confirmation was administered in the chapel May 18 by the Right Rev. James E. Kearney, Bishop of the Rochester diocese, in which the Colony is located.

The Livingston County Medical Society held a regular meeting at the Colony, May 25.

At the assembly hall on May 29, the Sonyea district school presented an operetta.

The annual Play Day was held under the direction of Mr. James E. Simpson and Miss Mabel Davis, chief occupational therapist. On this occasion a group of Scouts from the Newark State School and a softball team, took part in the activities.

On June 4, the Genesee Valley League held its opening game at the Colony.

The Girl Scout troops held a special entertainment, June 14, in the afternoon. In the evening the Boy Scout and Girl Scout troops took part in the parade held in Mount Morris on the occasion of the dedication of the Francis Bellamy Memorial Park. Mr. Bellamy, author of the Oath of Allegiance to the national flag, was a native of Mount Morris.

During the last week of June, the Boy Scout troop camped in the Big Woods, at Sonyea.

On June 25, Rev. James J. Shanahan, S. J., eldest son of Dr. and Mrs. William T. Shanahan, and a native of Sonyea, sang his first solemn high mass in the Chapel of Divine Compassion.

CHANGES IN PERSONNEL IN THE MEDICAL SERVICE

APPOINTMENTS

Medical Interne

d'Iserna, Dr. Richard, Brooklyn State Hospital, January 2.
Gold, Dr. Leonard, Willard State Hospital, July 20.
Goldensohn, Dr. Leon N., Rockland State Hospital, January 3.
Gralniek, Dr. Alexander, Central Islip State Hospital, January 1.
Kuntz, Dr. Julius A., Letchworth Village, January 15.
Pearce, Dr. Marvin, Pilgrim State Hospital, March 1.
Pierce, Dr. Hugh M., Rochester State Hospital, February 1.
Roecker, Dr. Roland D., Creedmoor State Hospital, January 9.
Vallee, Dr. Clarence A., Willard State Hospital, July 20.
Vicale, Dr. Carmine T., Brooklyn State Hospital, January 3.

Psychiatric Interne

Altman, Dr. Leon L., at Psychiatric Institute and Hospital, January 1.

REINSTATEMENTS

Evans, Dr. Alexander L., medical interne, Willard State Hospital, August 17.

Murphy, Dr. John M., medical interne, Brooklyn State Hospital, January 1.

TRANSFERS

Gildea, Dr. Alfred R., assistant physician, from Willard State Hospital to Central Islip State Hospital, February 15.

Kilpatrick, Dr. O. Arnold, senior assistant physician at Rockland State Hospital, to Willard State Hospital, where he assumed the duties of acting clinical director, June 18.

WENT ON LEAVE OF ABSENCE

Osborne, Dr. Raymond, Rockland State Hospital, June 11, to pursue special studies at Neuropsychiatric Institute of the Hartford Retreat, Hartford, Conn.

RETIREMENTS

Hutchings, Dr. Richard H., superintendent, Utica State Hospital, June 30.

Moran, Dr. Mary C., senior assistant physician, Central Islip State Hospital, April 15.

DEATHS

Dye, Dr. Adelbert D., senior assistant physician, Gowanda Homeopathic Hospital, April 8 (complete obituary under NOTES, this issue.)

Ruslander, Dr. David, senior assistant physician, Buffalo State Hospital, April 29 (full obituary in PSYCHIATRIC QUARTERLY, July, 1939 under NOTES, page 596.)

RESIGNATIONS

Medical Interne

Altman, Dr. Leon L., Hudson River State Hospital, January 24.
Borough, Dr. Lester D., Buffalo State Hospital, June 30.
Brown, Dr. Philip, Central Islip State Hospital, January 15.
Cassara, Dr. Thomas, Letchworth Village, January 14.
Clark, Dr. David G., Central Islip State Hospital, February 14.
Friedman, Dr. Herbert S., Central Islip State Hospital, January 15.
Hamilton, Dr. Thomas P., Kings Park State Hospital, January 14.
Howard, Dr. Timothy, Maret State Hospital, June 30.
Humbert, Dr. Joseph C., Rochester State Hospital, June 16.
Kazan, Dr. Avraam, Rockland State Hospital, March 8.
McGoldrick, Dr. Edward V., Brooklyn State Hospital, January 12.
Moran, Dr. James P., Brooklyn State Hospital, January 12.
O'Brien, Dr. Francis H., Central Islip State Hospital, January 15.
Shevlin, Dr. Charles, Pilgrim State Hospital, May 15.
Simon, Dr. Kenneth, Brooklyn State Hospital, April 1.
Smith, Dr. Edward C., Creedmoor State Hospital, March 14.

Assistant Physician

Adams, Dr. Leslie P., Brooklyn State Hospital, February 1.
Metealfe, Dr. Grant E., Gowanda State Homeopathic Hospital, February 28.
Orben, Dr. Lloyd D., Pilgrim State Hospital, March 15.

Psychiatric Interne

Abrams, Dr. Alfred, Psychiatric Institute and Hospital, June 30.
Boynton, Dr. Estelle P., Psychiatric Institute and Hospital, June 30.
Spotnitz, Dr. Hyman, Psychiatric Institute and Hospital, June 30.
Wiesel, Dr. Benjamin, Psychiatric Institute and Hospital, June 30.

**Civil Service Eligible Lists for Positions in the Department of
Mental Hygiene**

Research Associate in Biochemistry. List Established December 21, 1938

Dr. Richard J. Block, department of chemistry, New York State Psychiatric Institute, 722 W. 168th Street, New York City.

Dr. Warren M. Sperry, 5612 Post Road, Bronx.

Dr. Clifford S. Leonard, 615 Springfield Avenue, Summit, N. J.

Dr. Oscar Bodansky, 15 Bank Street, New York City.

Voucher and Treasurer's Clerk. Creedmoor State Hospital. Promotion.

List Established June 26, 1939

Emma E. Coyne, 411 Stuyvesant Avenue, Brooklyn.

Voucher Clerk. Harlem Valley State Hospital. Promotion. List

Established June 26, 1939

Walter C. Fisher, Jr., Smith Street, Pawling.

Thomas J. Dacey, 225 So. Swan Street, Albany.

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HARLEM VALLEY

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WILLARD

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PSYCHIATRIC INSTITUTE AND HOSPITAL

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Strauss, Hans and Rahm, Walter E., Jr.: Reactions of the electroencephalogram to metrazol injections. *Proc. Soc. Exper. Biol. & Med.*, 40:1-2, 1939.

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SYRACUSE PSYCHOPATHIC

Davidoff, Eugene: Treatment of schizophrenia with sympathomimetic drugs: Benzedrine Sulfate. (In collaboration with Edward C. Reifenstein, Jr.). *PSYCHIAT. QUART.*, 13:1, 127-144, January, 1939.

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—: The results of eighteen months of Benzedrine Sulfate therapy in psychiatry. (In collaboration with Edward C. Reifenstein, Jr.). *Am. Jour. Psychiat.*, 95: 945-969, January, 1939.

—: The function of the mental hygiene clinic in regard to juvenile conduct disorders: The early type of conduct disorder. (In collaboration with Elinor S. Noetzel.) *PSYCHIAT. QUART. SUPPLE.*, 13:1, 45-56, January, 1939.

—: Reaction of a juvenile delinquent group to story and drama techniques. (In collaboration with Gertrude Buckland). *PSYCHIAT. QUART.*, 13:2, 245-258, April, 1939.

Noetzel, Elinor S.: See Davidoff, Eugene, above: item 4.

STATE INSTITUTIONS

LETCHWORTH VILLAGE

Kinder, Elaine F.: Relativism in the thinking of subnormal subjects as measured by certain of Piaget's tests. (In collaboration with Lane, E.). *Jour. of Gen. Psychol.*, 54:107-118, 1939.

CRAIG COLONY

Doolittle, Glenn J.: Thyroid therapy in a series of epileptics. *PSYCHIAT. QUART.*, 13:1, 33-41, January, 1939.

ADDRESSES, LECTURES, SPECIAL EDUCATIONAL ACTIVITIES

STATE HOSPITALS

BINGHAMTON

Young, Claude R.: Family relationships—normal personality of adults, common problems of adults in connection with children, with other adults, in marriage, in the community, in work and in old age. In course on personal counseling for clergymen and coworkers, at Binghamton public library, February 7.

Howard, Clifford E.: Series of lectures on practical psychology, in connection with adult extension course for the Binghamton school system.

— and Hurdum, Herman M.: The problems of treatment of the alcoholic psychoses. Read at interhospital conference of up-State hospitals at Utica, April 28.

Pooler, Harold A.: The child at home and at school. Talk to Conklin-Corbettsville parent-teacher association, January 10.

Mental hygiene as an aid to joyful living. Talk to Conklin-Corbettsville parent-teacher group, January 6; and to a similar group at Langdon, March 12.

Mental hygiene. Talk before parent-teacher group, at Oswego central school, March 24.

Elliott, Helen E.: Mental hygiene in tuberculosis. Lecture to visiting committee at Broome County tuberculosis camp, June 12.

BROOKLYN

(Includes items of July 1-December 31, 1938, omitted from previous issue)

Bellinger, Clarence H.: Modern treatment of mental disease. Address before medical society of Montauk Club, Brooklyn, November 11.

Psychology in everyday life. Talk at 23rd Street Y. M. C. A., New York, November 28.

Care and treatment of the mentally ill in New York State. Address at meeting of the 1245 Club, Brooklyn, March 29.

Lectures to senior medical students from Long Island College, September through May.

278 ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

Witzel, August E.: Eighteen lectures on the history of psychiatry, organic and functional psychoses. To student and affiliating nurses at Brooklyn State Hospital during January, February and March.

Derby, Irving M.: The venereal diseases. Address before Flatbush chapter, Order of De Molay, October 28.

Origin of reagin in neurosyphilitic spinal fluid. Paper read at meeting of the Psychiatrical Society of Metropolitan State Hospitals, December 5.

Blood transfusion. Radio broadcast, WNYC, March 18.

Beckenstein, Nathan: Lectures and clinical demonstrations to the following groups on the dates indicated:

Mental diseases. To students from Columbia University, August 9; to students and social workers under the auspices of Reconciliation Trips, Inc., November 5; to students from New York University, December 3.

Functional psychoses. To students from Hunter College, August 11; to a group of teachers from the New York Society for the Experimental Study of Education, mental hygiene section, December 10; to students from the College of the City of New York, December 17.

The major psychoses. To students from New York University, August 30 and December 9.

Organic psychoses. To graduate students from the College of the City of New York, November 19.

Adolescent problems. To psychology class, College of the City of New York, January 7.

Psychopathology and adolescent psychology. To students from the College of the City of New York, March 18 and April 22.

Abnormal psychology. To students from Brooklyn College, March 25.

Psychology. To students from New York University, April 21, and to students from the College of the City of New York, May 20.

Mental hygiene and relief. Address at a meeting of the Brooklyn Council for Social Planning, at Hotel St. George, November 5.

Modern trends in mental hygiene. Address at meeting of Seward Alliance of Seward Park High School, New York City, March 5.

Relation of parent and child. Address before meeting of Women's Progressive Council, No. 77, Brooklyn, April 26.

Riemer, Morris D.: Causes and incidence of mental illness. Talk to medical club of Abraham Lincoln High School, Brooklyn, October 15.

Lectures and clinical demonstrations to the following groups on the dates indicated:

Functional psychoses. To students from Abraham Lincoln High School, November 12; to students from Eastern District High School, December 3; to the biology class of Lafayette High School, March 18.

The major psychoses. To a group from Reconciliation Trips, Inc., February 25.

Abnormal psychology. To students from Yeshiva College, May 12.

Psychology of ideas of influence. Paper read at the meeting of the Psychiatrical Society of Metropolitan State Hospitals, at Brooklyn State Hospital, December 5.

Causes of worry and how to diminish them. Address at meeting of parent-teacher association, Junior High School, Brooklyn, February 17.

The psychiatrist's interest in horoscopy. Talk before premedical society of Long Island College, March 10.

Prevention of mental disease. Address at meeting of Wilpro Club, Brooklyn, April 12.

The nature of mental disease. Talk to the psychological club of Lafayette High School, May 20.

Nelson, Julius L.: Lectures and clinical demonstrations to the following groups on the dates indicated:

Functional psychoses. To students in abnormal psychology from Brooklyn College, January 12 and May 25.

Abnormal psychology and mental hygiene. To students from Wagner College, Staten Island, April 11 and 15; to students under the auspices of Reconciliation Trips, Inc., April 26 and June 14.

Modern sex problems. Talk to Flatbush discussion group, January 13.

How parents can best cooperate with the school. Address before parent-teacher association, P. S. No. 144, Queens, February 8.

The struggle for happiness in a troubled world. Address at a meeting of the Progressive Unit, Williamsburg Project, Brooklyn, February 15.

The psychology of marriage. Address at a meeting of the Y. M. H. A., Brooklyn, February 23.

How to keep abreast with children. Talk at meeting of parent-teacher group, P. S. No. 87, Queens, March 14.

280 ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

Mental hygiene. Talk at meeting of Workers' Order, Labor Center, Brooklyn, March 24; at meeting of women's league, Union Protestant Church, Brooklyn, June 13.

Psychopathic personalities with psychotic episodes. Paper read at down-State interhospital conference, at Psychiatric Institute and Hospital, New York City, April 19.

Train, George J.: Fact and fancy in psychology. Address to psychology club at Brooklyn College, October 19.

Mechanisms of child behavior. Talk before Ethical Culture Society, Brooklyn, October 19.

Hypoglycemia—a treatment for dementia praecox. Talk to Woman Physicians' Club, New York, November 11.

Lectures and clinical demonstration to the following groups on the dates indicated:

Crime as a symptom of mental disease. To class in sociology from Brooklyn College, November 12.

The prepsychotic personality. To postgraduate class in psychology from the College of the City of New York, December 3.

Etiology of mental disease. To psychology class from Long Island College, April 29.

The organic psychoses. To psychology class from Long Island College, May 6.

Heredity—the scapegoat. To psychology class from the College of the City of New York, May 27.

Period of adolescence. Talk at meeting of Beth Israel Center, Queens, November 15.

A sane view of sex. Talk at meeting of House of America Jewish Congress, Brooklyn, December 13.

Let's see ourselves. Talk to Brooklyn College Alumni Association, February 26.

Understanding the child. Talk to parent-teacher association, P. S. No. 178, Brooklyn, March 8.

The child's background. Talk to parent-teacher association, P. S. No. 174, Brooklyn, March 15.

The so-called normal child. Talk to parent-teacher association, P. S. No. 210, March 17.

Parents through the child's eyes. Address at Hebrew Institute, Brooklyn, March 20.

Analysis of guidance work. At Brooklyn Child Guidance Clinic, April 25.

Sins of parents. To parent-teacher association, P. S. No. 219, Brooklyn-May 15; to parent-teacher association P. S. No. 252, Brooklyn, June 13.

McGowan, John E.: How to establish good habits in children. Address before parent-teacher association, P. S. No. 169, Brooklyn, May 12.

Lockwood, Mildred H.: Psychiatric social service. Talk to a group of students from Hunter College, December 27.

The following lectures to student and affiliating nurses at Brooklyn State Hospital:

Modern attitude toward social problems.

Education and recreation.

Problems of social hygiene.

Alcohol and drugs.

Social service in a State hospital in cooperation with social agencies. Talk at a meeting of Flatbush committee of Brooklyn Bureau of Charities, at Brooklyn State Hospital, March 9.

Social service in a State hospital. Address before social service committee of Hunter College, at Brooklyn State Hospital, April 8.

Porter, Victorine H.: The following lectures to student and affiliating nurses at Brooklyn State Hospital during November and December, 1938, and March and April, 1939:

Delinquency and crime.

Psychiatric case work with various forms of mentally ill patients.

Development of social work.

Functions of a social service department in a State hospital.

BUFFALO

Pritchard, John A.: The care of the mentally ill. To the Lions Club of Buffalo, January 23.

Fletcher, Christopher: Responsibility of a local health officer under the Mental Hygiene Law. To district State health officers' conference, March 23.

Levin, H. L.: Psychiatry and sociology. To students at D'Youville College, Buffalo, January 4.

282 ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

- Modes of admission to State hospitals. To staff of Family Service Society, Buffalo, February 8.
- Understanding of the individual. To institute for volunteer leaders, Temple Beth Zion, February 19.
- Examinations, care and treatment in State hospitals. To district State health officers' conference, March 23.
- Mental hygiene in everyday life. To Brotherhood of Lancaster Presbyterian Church, March 13.
- Mental hygiene and child guidance. To Buffalo Parent Education Institute, April 3.
- Psychology of human relations. To senior league, Temple Beth El, Buffalo, April 16.
- The size and nature of the mental health problem. Presentation of cases to Niagara Association of Baptist Ministers, April 17.
- Psychopathic personalities. To staff of Jewish Welfare Society, Buffalo, April 27.
- Demonstration of cases illustrating organic and functional psychoses. To psychology and sociology classes of University of Buffalo and State Teachers' College at Buffalo, March 4 and 11.
- Cudmore, William E.: Methods of admission to State hospitals. To district State health officers' conference, March 23.
- Psychosis with psychopathic personality; a study of 80 cases. Before interhospital conference of up-State hospitals at Utica, April 28.
- Treatment in State hospitals. To Niagara Association of Baptist Ministers, April 17.
- Faver, Harry E.: Present-day mental hygiene. To fathers-and-sons group, Temple Emanuel, Buffalo, January 29.
- Child guidance and mental hygiene clinics. To district State health officers' conference, March 23.
- Schutkeker, B. G.: The mental hygiene problem. To Business Women's Club, North Tonawanda, at Tonawanda Y. M. C. A., January 23.
- Fears and phobias. Talk at St. Thomas Episcopal Church, Buffalo, March 12.
- The mental hygiene movement. To men's club of All Saints Church, Buffalo, April 11.
- The problem of mental diseases. To alumni of Beta Chi Epsilon, University of Buffalo, June 9.

Ruslander, David: Demonstrations of insulin and metrazol treatments to nurses of Providence Retreat, Buffalo, January 3 to February 1.

Mental hygiene for adolescents. To Bar Mitzvah Brotherhood, at Temple Emanuel, Buffalo, January 8.

Insulin and metrazol treatments of schizophrenia. To staffs of Buffalo Sisters of Charity and allied hospitals, January 3.

Shock therapy in dementia praecox. To district State health officers' conference, March 23.

Yost, Murray A.: Mental healing, ancient and modern. To boys' group, Temple Beth David, Buffalo, February 26.

Lang, Leonard C.: Alcoholic admissions to Buffalo State Hospital before, during and after prohibition. To interhospital conference of up-State hospitals at Utica, April 28.

Abrahamer, Hyman W.: Education for living. To Elba high school alumni association, at Elba, June 29.

Mental balance. To American Legion Post No. 665, Buffalo, May 1.

Wiles, Lynn L.: Prescription room problems. To University of Buffalo School of Pharmacy, at annual clinic day, April 11.

Riedel, Iona B.: Nursing in State hospitals. To district State health officers' conference, March 23; to Niagara Association of Baptist Ministers, April 17; to Parent Education Institute of Buffalo, May 4, 8, 15 and 22.

Henry, Raphael: Parole and after-care. To district State health officers' conference, March 23.

Functions of State hospital social service department. To Gray Ladies, St. Mary's Hospital, Niagara Falls, February 20.

Pratt, Theresa E.: Occupational therapy. To district State health officers' conference, March 23; to Niagara Association of Baptist Ministers, April 17; to Parent Education Institute of Buffalo, May 4, 8, 15 and 22; to Christian Endeavor Society, Riverside Church, May 14.

CENTRAL ISLIP

Sehatner, Marcus: Modern shock therapy in psychiatry. Lecture and demonstration to New York State Nurses' Association of the Counties of Long Island, at this hospital, May 23.

284 ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

Otchin, Charles: Mental disorders and their treatment. Address to Lions Club, at Bayshore, May 24.

Wittson, Cecil L.: Involutional melancholia: a study of the syndrome and a report on the use of Estrogen. Paper read at down-State interhospital conference at Psychiatric Institute and Hospital, New York, April 19.

Bellsmith, Ethel B.: Supervision. Four lectures given at the Rand School of Social Science, New York City, January 3, 10, 17 and 24.

Social case work. Lectures given at Rand School of Social Science, January 5, 12, 19 and 26.

History-taking and the use of the community clinic. Talk to probation officers of Suffolk County, at Patchogue, April 19.

Parole and extramural problems. Address to the medical staff at the hospital, March 16.

Psychiatric social work, including child guidance. Address before Long Island District Nurses' convention at Central Islip, May 23.

Vocational placements of parole patients. At National Conference of Social Work, Buffalo, June 22.

Mental hospitals study report. Address at National Conference on Social Work, Buffalo, before the American Association of Psychiatric Social Workers, June 23.

Bell, Marie: Measurement of intelligence. Address to the medical staff, at the hospital, March 2.

CREEDMOOR

Gregory, Hugh S., and Moore, Jack: Cerebral arteriosclerosis; a clinicopathologic presentation. Before the Long Island Psychiatric Society, February 21.

Buckman, Charles: Lecture on admission treatment, release and general administration. To a group of students from the WPA adult education program of the board of education, March 25; a similar lecture was given to a group of students from Queens College, April 1 and April 19; and a lecture on hospital administration was given to students of Hofstra College, Hempstead, April 29.

Bennett, Jesse L.: Social aspects of mental hygiene. Lecture to the Union Congregational Church, Richmond Hill, January 22.

Relation of the church to mental hygiene problems. Lecture to Union Congregational Church, Richmond Hill, January 29.

Savitt, Robert A.: An approach to the problems of psychopathic personality. Paper read before interhospital conference of down-State hospitals at the Psychiatric Institute and Hospital, New York, April 19.

Schwartz, Jerome H.: Habitual body manipulations in children. Lecture to Brooklyn child guidance clinic, May 15.

GOWANDA

Gray, Earle V.: Modern methods of treatment in State hospitals. Lecture before Jamestown Medical Club, January 26.

Problems relating to State hospitals. Before Evangelical and Reformed Ministerial Association, at the hospital, May 1.

Mudge, Erwin H.: Why insanity? Address to Kiwanis Club, Silver Creek, January 23.

Methods of admission to State hospitals. To health officers' conference at this hospital, March 28.

Modern ideas concerning mental disease. Talk to science club of Gowanda high school, May 11.

Bohn, Ralph W.: Aims in child guidance. To parent-teacher association at Franklinville, March 6.

A psychiatrist looks at adolescence. To parent-teacher group at Hamburg, March 26.

Care and treatment of the mentally ill. Lecture before health officers' conference, March 28.

Facts about mental illness. Address to home economics class of Springville High School at hospital, March 29.

Modern attitude toward mental illness. At meeting of public health nurses, held at this hospital, April 17.

Psychiatric hospital versus prison. At meeting of Buffalo Neuropsychiatric Society, at the hospital, May 23.

Allexsaht, William J.: The value of postmortem examinations. Paper read before up-State interhospital conference, Utica, April 28.

Unexpected postmortem findings. Lecture to Buffalo Neuropsychiatric Society, at the hospital, May 23.

286 ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

Marritt, Henry D.: The community activities of the hospital. To Red Cross Committee of Gowanda, February 10.

Use of the clinic service. At health officers' conference, March 28.

Emotional problems of children. Address to Mothers' Club, at Cattaraugus, April 17.

Case of Von Recklinghausen's disease. At meeting of Buffalo Neuropsychiatric Society, at this hospital, May 23.

Tomlinson, Paul J.: Treatment of syphilis of the central nervous system. At meeting of public health nurses, at hospital, April 11.

Occupational therapy. To meeting of Zonta clubs of Dunkirk and Fredonia, at the hospital, April 20.

An atypical convulsive case. Before meeting of Buffalo Neuropsychiatric Society, at the hospital, May 23.

McWilliams, J. G.: Pharmacological shock therapy. Before meeting of health officers, March 28.

Pharmacological shock treatment in the psychoses. At meeting of public health nurses, April 17.

Modern miracles of medicine. Address before Western New York Evangelical and Reformed Ministerial Association, at the hospital, May 1.

Metrazol therapy in the involutional psychoses. Before meeting of Buffalo Neuropsychiatric Society, May 23.

Decker, Jessie M.: Family care and social service in the field. At meeting of health officers, March 28.

History-taking—content and meaning. To group of public health nurses at hospital, April 17.

Northrup, Florence M.: Craft. Lecture to Zonta clubs of Dunkirk and Fredonia at the hospital, April 20.

HARLEM VALLEY

Ross, John R.: A review of the results of the pharmacological shock therapy and the metrazol convulsive therapy in New York State. Paper read at the annual meeting of the American Psychiatric Association, May 11 (In collaboration with Benjamin Malzberg, Ph.D., senior statistician, Department of Mental Hygiene).

How New York State care for its mentally ill. Talk before men's club of Pawling, June 19.

Laburt, Harry A.: Mental diseases. Talk before Fordham University group in psychology, at this hospital, January 15.

Mental hygiene. Talk before ladies' aid society of the Methodist church, Pawling, May 5.

Family care. Talk before Dutchess County health group, at Salt Point, April 11.

HUDSON RIVER

Groom, Wirt C.: Duties of health officers and methods of commitment of mentally ill persons in New York State. Address to district health officers' extension course, at the hospital, March 28.

Kelleher, James P.: Discussion of mental hospital problems. With a group of physicians at health officers' extension course, March 28.

Notkin, John Y.: Endocrine treatment of involutional melancholia. Lecture at interdepartmental course in endocrinology, New York Post-Graduate Medical School, March 17.

The organic psychoses. Lecture at neuropsychiatric conference of New York Post-Graduate Medical School, March 24.

Follieulin Menformone (Theelin) treatment of involutional melancholia. Paper presented at interhospital conference of down-State hospitals at Psychiatric Institute and Hospital, New York, April 19. (In collaboration with Drs. Blanche Dennes and Viola G. Huddart.)

A comparative study of hypoglycemic shock treatment and control observation in schizophrenia. Read at annual meeting of the American Psychiatric Association, Chicago, May 11. (In collaboration with Drs. Frederick J. DeNatale, Charles E. Niles and Gizella Wittman.)

Niles, Charles E.: Series of 12 lectures and clinics on functional and organic psychiatric states. To class of student nurses at Vassar Brothers' Hospital, Poughkeepsie, during April and May; a similar series at Kingston General Hospital, April 14.

Also see above, under Notkin, John Y., fourth item.

Wolff, Solon C.: Emotional maldevelopment and its problems, and Intelligence and its relation to mental hygiene in connection with the schools. Two addresses given to teachers of Arlington high school and grade schools, January 12, February 2 and 16, and March 23 and 30.

Extramural activities of the State hospitals. Address to the Kiwanis Club, Poughkeepsie, January 24.

- Sexual perversions. Talk to members of Poughkeepsie police department, January 26.
- Mental health. Lecture and discussion at Poughkeepsie Y. M. C. A., under the auspices of the Triangle Club, February 8.
- Why children misbehave. Talk at Jewish Community Center, Poughkeepsie, February 14.
- Maladjustments of children. Talk at meeting of parent-teacher association of Governor George Clinton School, Poughkeepsie, March 8.
- Mental hygiene clinics in Poughkeepsie. Talk to members of Junior League of Poughkeepsie, April 7.
- Clinical demonstrations of various types of mental illness. To members of the police departments of Poughkeepsie and Beacon, March 1; to health officers attending the conference for the district health officers, March 28; to group of students of Sarah Lawrence College, Bronxville, May 26.
- DeNatale, Frederick J.: Convulsive therapy. Address before the New York State Nurses' Association, District No. 2, May 25.
- Also see above, under Notkin, John Y., fourth item.
- Wolfson, Isaac N.: Problem parents. Lecture given Poughkeepsie Jewish Center, March 14.
- Huddart, Viola G.: See Notkin, John Y., third item.
- Doltolo, Joseph: Report on further development and results of treatment of tubercular mental patients at Hudson River State Hospital. Paper read at meeting of Dutchess County Psychiatric Society, March 16.
- Wittman, Gizella: See Notkin, John Y., fourth item.

KINGS PARK

- Shuffleton, Joseph H.: Forms and procedures in commitment of patients. Address to group of health officers at extension course, at this hospital, March 8.
- Brush, Charles H.: Clinical demonstration before health officer's conference at hospital, March 8.
- Matthews, Adelbert C.: Opportunities for obtaining positions in the Kings Park State Hospital. Address before meeting of the League of Women Voters, at St. James, March 14.

Priestman, Gordon: Demonstration of pathological specimens to a group of Suffolk County science teachers of the Kings Park central school, at the hospital laboratory, May 25; similar demonstrations to science classes of Kings Park central school and Smithtown High School, at the hospital, June 8.

Steen, Patria: The forming of the child guidance clinic. Talk at meeting of parent-teacher association, Hempstead, February 21.

Recreation and mental health. Talk at meeting of parent-teacher association, St. James, March 14.

Child development. Talk before Long Island discussion group, at Huntington, March 20.

What the community should do for its children. Talk before parent-teacher association, at Setauket, March 21.

Mental hygiene in Suffolk County. Talk at meeting of League of Women Voters, Babylon, April 10.

How to use the mental hygiene clinics. Talk to Nassau Public Health Nurses' Association, Mineola, April 12.

Mental health in maternity. Address before Long Island Association, Robbins Hall, Central Islip, May 23.

Barahal, Hyman S.: Constitutional factors in homosexuality. Paper read at down-State interhospital conference at Psychiatric Institute and Hospital, New York, April 20.

Psychopathology of hair-plucking (Trichotillomania). Address before the convention of the American Psychopathological Society, Atlantic City, N. J., June 6.

Anderson, Lloyd: Value of chemistry in the study of nursing. Address to students of Kings Park Central School, March 3.

The significance of blood sugar and nonprotein nitrogen. Address to graduate nurses of this hospital, May 9.

Vocational guidance. Address to high school students of Kings Park Central School, May 23; to students of the Smithtown High School, Smithtown, May 31.

Laboratory demonstrations to students of science class of Kings Park Central School, May 25; to students of the Smithtown High School, June 8.

MANHATTAN

- Phillips, Arthur M.: Lecture with clinical demonstrations of psychiatric cases to a group of students of Cornell University Medical College, begun in January and continued for a period of six weeks.
- Stein, Nobe E.: Lecture, with clinical demonstrations on modern concepts of schizophrenia. To 75 students of New York University, April 21. Lecture, with clinical demonstrations to 125 students of New York University, April 22 and 29; presented, in the following order, were: organic psychoses, manic-depressive psychoses and schizophrenia.
- Lecture, with clinical demonstrations, on psychoneurosis and psychopathic personality to 235 students of New York University, May 6.
- Bloomfield, Maxwell I.: Crime and insanity. Talk to a group at the Town Hall, St. George, S. I., March 19.
- Harlow, Ralph: Lecture, with clinical demonstrations of psychiatric cases. To postgraduate students, department of psychology, Columbia University, February 2.
- Levine, Matthew : Nursing methods connected with insulin and metrazol treatment of dementia praecox. To a group of 50 nurses at the Cancer and Central Hospital, Welfare Island, New York, January 3.
- Mental hygiene and happiness. Lecture to 40 members of the Women's Club at 1420 Wilkins Avenue, Bronx, February 2.
- Lecture, with clinical demonstrations, of the various types of psychoses to a group of 50 students in psychopathology, College of the City of New York, March 17.
- Lecture, with clinical demonstrations, of psychiatric cases, to a group of 70 students in abnormal psychology, College of the City of New York, May 8 and 16; organic psychoses presented at the first session, functional psychoses at the second.
- Hoeh, Paul: Cerebral arteriosclerosis, Korsakoff's psychosis, traumatic psychoses, deteriorated paretics and other organic psychoses. Clinic for a group of 11 students from Skidmore College, Saratoga, January 10.
- Crime and insanity. Talk at the Town Hall, St. George, S. I., March 5.
- Psychiatric application of the psychogalvanic reflex. Lecture before the Society of Medical Jurisprudence, Academy of Medicine, March 13.

Lecture, with clinical demonstrations of psychiatric cases. To 50 pre-medical students and 10 faculty members of the biology department, Hunter College, New York, April 1.

Lecture on the psychogalvanometer and its uses in psychiatry. Before the Rockaway Lawyers' Club, municipal courthouse, Rockaway Beach, L. I., April 17.

Observations with the psychogalvanometer on mental patients. Lecture delivered before the New Jersey Neuropsychiatric Association, Newark, N. J., April 19.

MARCY

Bisgrove, S. W.: Treatment of patients in State hospitals. Talk before young men's business group at Y. M. C. A., Rome, April 3.

State hospital. Talk before members of the Stryker Club, Rome, May 2.

Black, Neil D.: The value of diphenyl hydantoinate in psychoses with convulsive disorders. Paper read at up-State interhospital conference at Utica, April 28.

Lecture and clinical demonstration of common forms of mental disease to a class of 43 students from Colgate University, class in abnormal psychology, March 9.

Gronlund, Anna A.: Mental hygiene of childhood. Talk to East Herkimer parent-teachers' association, April 18.

Lecture and clinical demonstrations of common forms of mental disease to 43 students of abnormal psychology, from Colgate University, March 9.

Schwartz, Donald K.: A comparison of admission rates in rural and urban civil State hospitals. Paper read at up-State interhospital conference at Utica, April 28.

Kleiman, Charles: Programs for mental hygiene. Talk to adult study group, Y. W. C. A., Utica, March 6.

Treatment of polyneuritis with Vitamin B₁. Talk before Herkimer Academy of Medicine, April 25.

Presentation of case of severe multiple neuritis secondary to infection treated with vitamin B₁. Before staff of St. Elizabeths Hospital, Utica, May 2.

292 ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

Bryan, L. Laramour: Insulin and metrazol in the treatment of mental disorders. Talk before Mohawk Valley Medical Technologists, Utica, February 8.

Insulin and metrazol therapy in the treatment of functional mental disorders. Talk to Utica Ministers' Fellowship, March 27; same lecture to nurses' alumnae of Utica Memorial Hospital, April 5.

Plante, Lena A.: Social work in State hospitals. Talk to a group of nurses from Central School of Nursing, at Faxton Hospital, Utica, March 16.

Conway, Edna W.: Psychiatric nursing as it may be applied to work in a general hospital. Talk before District No. 4 meeting of State Nurses' Association, at Memorial Hospital, Syracuse, June 12.

MIDDLETOWN

Kelly, William E.: The late effects of syphilis. Lecture at First Baptist Church community house, January 17.

Wondolowski, Louis S.: The aggravation of mental symptoms due to excessive use of sedatives and hypnotics. Paper read at down-State interhospital conference at Psychiatric Institute and Hospital, New York, April 20.

Schantz, Benjamin, Wondolowski, Louis S., Zuger, Max, and Bergman, Murray: Presentation of cases of dementia praecox, manic-depressive, paranoia and organic psychoses. Before medical students from New York Medical College and Flower Hospital, May 5 and 6.

Bergman, Murray: Syphilis of the nervous system. Lecture with presentation of cases, before meeting of New York State Nurses' Association, District No. 11, April 21.

PILGRIM

Worthing, Harry J.: Your hospital and mine. Before the D. A. R. meeting held in Bay Shore, L. I., on March 4.

The need of trained personnel for occupational therapy. A paper read at a round table discussion in Chicago at the American Psychiatric Association on May 11.

O'Donnell, Leo P.: Social aspects of mental sickness. Address given at a clinic held at this hospital for students of New York University on April 21.

Problem of treating psychopaths. Address delivered at the interhospital conference of the New York down-State hospitals held at the Psychiatric Institute in New York City on April 19.

Barwise, Constance: The child as an individual. Address before the Islip Mother's Club, January 9.

The child as an individual. Address to the East School parent-teacher association, Long Beach, January 9.

Understanding the child. To the South Shore College Women's Club, Timber Point Club, Great River, L. I., on March 8.

The needs of the foster child. Address to the foster mothers of Suffolk County board of child welfare.

Attitudes of youth. Address to the Suffolk County Council of Social Agencies on June 29.

Carmichael, Donald: Inferiority complex in children. Address to the parent-teacher association meeting at Bellmore, L. I., on April 18.

O'Donnell, Leo P.: Social aspects of mental illness. Lecture, with clinical demonstration, to 30 students of the department of sociology, New York University, at the hospital, April 21.

Soper, Arthur E.: Child guidance. An address to the parent-teacher association in Oakdale, L. I.

ROCHESTER

Van de Mark, John L.: Discussion of modern psychiatry. Before Rochester Academy of Medicine, March 12.

The State hospital and mental hygiene. Talk before parent-teacher group of Hosea Rogers School, at Irondequoit, March 13.

Facilities of a modern State hospital. Radio address over station WHAM, sponsored by Monroe County Medical Society, March 19.

Mental hygiene. Talk at First Reformed Church, Rochester, April 3.

Purposes of district clinics. Address at dedication of new health offices, at city hall, Batavia, May 5.

Veeder, William H.: Commitments to mental hospitals. Talk before conference of health officers and prospective health officers at this hospital, March 29.

294 ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

Slaght, Kenneth K.: Psychogenesis in functional mental disease. Lecture to graduates and students of Rochester-Colgate Divinity School, January.

Mental disease. Clinie and lecture to student nurses at Craig Colony, Sonyea, March.

Clinie physicians' procedures. Address at dedication of new health offices, at city hall, Batavia, May 5.

Lemmle, Malwina T.: A psychiatrist's day's work. Lecture before American Association of University Women, in February.

ROCKLAND

Carp, Louis: Fractures and dislocations by muscular violence complicating convulsions induced by metrazol for schizophrenia. Address, with lantern slides, before Metropolitan Medical Society, New York, March 28.

Tallman, Frank F.: The following lectures before the Mount Vernon committee on parent education, on the dates indicated:

Application of psychiatry to everyday life, March 7.

What the home and school do for the child, March 28.

The bewildered parent, April 4.

The mental hygiene of delinquency, April 18.

Importance of the home influence. Talk to parent-teacher association, Francis W. Pennington School, Mount Vernon, April 25.

Play therapy at Rockland. Talk at Columbia Medical College, April 21.

Organization of the children's group of Rockland State Hospital. Talk at Columbia Medical Center, April 28.

What the school can do to help the problem child. Address before the board of education, Newark, N. J., May 1.

Miller, Joseph S. A.: What children mean when they misbehave in class. Address before Congers High School teachers' conference, January 16.

Mental hygiene and the public welfare. Before Social Workers' Club of Rockland County, at Nyack, January 31.

What the child is trying to tell when he misbehaves. Before the Chestnut Grove School Mothers' Club, at New City, February 2.

Democracy and its psychology in relation to the Jew. Lincoln Day commemoration address before the Jewish Men's Club, Spring Valley, February 14.

Patterns of infant and child behavior. Address before district health and school nurses, at Summit Park Sanatorium, Pomona, February 16.

Adult behavior. Mental hygiene talk with teachers at Congers High School, March 13.

Principles of mental hygiene. Talk with teachers of Suffern public schools, March 20.

Work and employment factors in the personality adjustment of paroled patients. Paper delivered before the Psychiatric Society of the Metropolitan State Hospital, at Rockland State Hospital, April 3.

Mental hygiene in the past and its place in the present and future. Address before the Rotary Club of Pearl River, April 18.

The relation between children's misbehavior at home and in school. Before Congers High School teachers' conference, April 26.

Mental hygiene of the classroom. Before Congers teachers' conference, May 8.

How parents misbehave. Address before Mothers' Club of Nanuet, May 9.

Kilpatrick, O. Arnold: Activities of the children's service of Rockland State Hospital. Address before women's auxiliary of the Rockland County Medical Society, March 21.

Mental hygiene. Before the Nyack community educational organization medical forum, March 21.

Personality and your future occupation. To senior class of the Nyack High School, March 28.

The biggest industry in Rockland County. Before Lions Club of Nyack, April 13.

The family physician as a community psychiatrist. Address before the Medical Society of Rockland County, May 10.

Munn, Charlotte: Understanding ourselves as an asset in marriage. Lecture to married couples' society of First Presbyterian Church of Nyack, January 26.

Selling America to the Americans. Lecture to Hi-Y Girls' Club, Spring Valley High School, March 29.

296 ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

What parents do to children. Lecture at George Washington School, White Plains, April 5.

Parents and children. Lecture to Ladies of the Round Table of Lutheran Church, Pearl River, June 15.

Etling, George F.: Therapeutic considerations in psychoses of old age. Paper read at the interhospital conference, Psychiatric Institute and Hospital, New York City, April 19.

Clardy, Ed Rucker: Retarded children and their placement in school. Address before the faculties of Piermont, Tappan and Sparkill schools, at Piermont, January 9.

Primary behavior disorders in children. Case presentation before staff and representatives of the New York State Training School for Boys, at Warwick, January 30.

Science of living. Before the Hi-Y Club of Pearl River, March 2.

Psychology and training of early childhood. Address at a forum at Grace Church, Nyack, March 7.

Relationship of psychiatry and religion. Before association of Bergen County and Rockland County group of Lutheran ministers at Pearl River, April 17.

Mental hygiene and the psychology of early childhood. Before Chester and Middletown parent-teacher association at the Chester High School, May 16.

Holmes, Charles Merton: Discussant of paper, Understanding ourselves as an asset in marriage. (See: Munn, Charlotte, above, first item.)

Yoehelson, Samuel: A statistical analysis of 300 alcoholic male psychotic patients—summary of results and evaluation of therapy. Before meeting of the Psychiatrical Society of the Metropolitan State Hospitals, April 3.

UTICA

Hutchings, Richard H.: Address at laying of cornerstone of the Neuro-psychiatric Institute of the University of Illinois, Chicago, May 9.

Presidential address at the annual meeting of the American Psychiatric Association, at the Palmer House, Chicago, May 10.

- Helmer, Ross D.: Parental suggestions for child guidance. Address to parent-teacher association, Kemble School, Utica, January 10.
- The gospel of good thinking. Address at St. John's Rectory, Richfield Springs, March 31.
- Russell, Clarence L.: Pathology of syphilis of the brain. Address to the Utica Medical Club, April 13.
- Bigelow, Newton J. T.: Dynamie psychology. Talk to Young People's Association, at Tabernacle Church, Utica, January 29.
- Current events in your own home. Address to the Wednesday Morning Club, at Jervis Library, Rome, February 1.
- Parental control—how much? Address at public forum of Y. M. C. A., Utica. Broadcast over station WIBX, Utica, February 2.
- Mental health. Talk to industrial group, Y. W. C. A., Utica, February 8.
- Emotional adjustment. Talk to Utica Chapter of Alpha Iota, February 14.
- A classification of nurses. Address at capping exercises of Utica Central School of Nursing, at Faxton Hospital, Utica, February 23.
- The care of your future child. Lecture to girls' group of Y. W. C. A., Utica, March 24.
- Emotional health. Talks to Young People's Association, First Presbyterian Church, Utica, April 12, May 3 and 10.
- On the early care and cultivation of neurotics. Talk to Mothers' Club of the Utica Country Day School, May 10.
- Endocrinology. Lectures at Utica Central School of Nursing, Faxton Hospital, Utica, May 17 and 24, and June 7.
- Applied psychology. Address to Life Underwriters' Association, at Hotel Martin, Utica, June 15.
- Everyday mental hygiene. Talk to executives' association of Utica Knitting Company, at Overseers' Club, Utica, June 27.
- Gosline, Anna J.: Guiding the grade school child. Talk to parents and teachers of the district school, Marey, March 22.
- McKendree, Oswald J.: The social and economic significance of syphilis. Lecture to Kiwanis Club, Ilion, June 19.
- Whitehead, Duncan: The universal handicap—fear. Talk to Oneida County home bureau, at Utica, March 22.

298 ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

Alcohol—its physical and mental effects. Lecture to education group of Y. W. C. A., Gloversville, April 20.

Bink, Edward N.: Causes of insanity and a discussion on syphilis. Address to Boosters' Club of the Gannett newspapers, Utica, May 3.

Schied, Eva M.: Social work of the Utica State Hospital. Talk to ladies aid society of the New Hartford Methodist Church, April 11.

Kirkpatrick, Mabel: Mental hygiene in the community. Lecture to the Coterie Club, Johnstown, January 10.

Modern trends in the care of the mentally ill. Address before the missionary society of the First Presbyterian Church, Johnstown, May 12.

ST. LAWRENCE

Berman, Harold H.: Physical symptoms as a result of mental causes. Talk before the Potsdam General Hospital Guild, at Potsdam, February 3.

Psychological aspects. Address given as part of one-day institute on the family, sponsored by department of social service of the Episcopal diocese of Albany, at Malone, April 18.

Youth from the point of view of the psychiatrist. Before the Northern Federation of Women's Clubs, at George Hall Trade School, Ogdensburg, May 17.

Carson, William R.: The history of medicine. Talk before members of Rotary Club of Ogdensburg, at Hotel Seymour, February 2.

The physically handicapped child. Address before parent-teacher association at Sherman School, Ogdensburg, February 27.

Brown, James E.: Behavior problems in children. Before psychiatric and child guidance study group of Malone, January 12.

A few points in the conduct of child guidance. Before members of New York State Nurses' Association, District No. 6, Inc., at Gouverneur, January 23.

Cunningham, Irene: The New York World's Fair. Talk before Women's City Club, Ogdensburg, May; repeated before Women's Democratic Club, at the public library, May 2.

ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES 299

O'Connor, Mary Elizabeth: History-taking. Talk before psychiatric and child guidance study group of Malone, January 12.

Demonstration and explanation of the Binet-Simon test, before New York State Nurses' Association, District No. 6, Inc., at Gouverneur, January 23.

WILLARD

Pamphilon, Walter M.: Address on methods of commitment to State hospitals. To district health officers, March 8.

Luidens, Henry: Abnormal psychology. Lecture to students from Cornell University, August 5.

Demonstrations of cases to class in problems in children, Cornell University, August 11; to student nurses from Auburn City Hospital, November 9; to students from Cornell University, December 8; to district health officers, March 8; to students from Cook Academy, March 10; to students from Horseheads Union Academy, May 9; to another group of students from Cornell University, May 12; to students from Alfred University, May 16.

Mental hygiene. Lecture to class at Hobart College, Geneva, November 21.

PSYCHIATRIC INSTITUTE AND HOSPITAL

Hinsie, L. E.: General paresis—Methods of treatment and results, January 24. Symposium on syphilis. Under the auspices of Long Island College of Medicine, department of health of New York City and the social hygiene committee of the New York Tuberculosis and Health Association.

Seminar each Thursday morning from February to May, for physicians of the Psychiatric Institute.

Seven lectures to Teachers' College group, from March 18 to May 13.

Strongin, E. I., and Hinsie, L. E.: A method for differentiating manic-depressive depressions from other depressions by means of parotid secretions. To combined meeting of the section of neurology and psychiatry, and the New York Neurological Society, January 19.

Ferraro, A., and Jervis, G. A.: Experimental encephalopathy in monkeys produced by injections of heterologous brain extract. To the American Association of Neuropathologists, Atlantic City, June 5.

300 ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

Neuropathological findings in cases of dementia praecox treated with insulin. To the Psychiatric Society of the Metropolitan State hospitals, February 6.

Barrera, S. E.: Some recent advances in the study of convulsive disorders. Symposium on mental health of the New York County Medical Society, March 27.

Harris, M. M., and Horwitz, W. A.: Metabolic studies of mental patients treated with insulin hypoglycemic shock treatment. (Potassium tolerance before and after treatment.) To the interhospital conference of down-State hospitals, New York City, April 19.

Landis, Carney: Psychological performance tests as prognostic agents for insulin and metrazol therapy in schizophrenia. To American Psychiatric Association, Chicago, Ill., May 11.

Piotrowski, Z. A: Round table on the Rorschach of the American Orthopsychiatric Association, New York, February 23.

Psychological techniques in the study of organic children. To New York Society for Clinical Psychiatry, March 9.

On the nature and application of the Rorschach Method. To Psychology Club of Teachers' College, Columbia University, March 15.

Psychology changes in insulin-treated schizophrenics. To Eastern Psychological Association, Bryn Mawr, Pa., April 1.

The possibility of placing prognosis for insulin-treated schizophrenics on an experimental psychological basis. To American Psychopathological Association, Atlantic City, June 5.

Jervis, G. A., and Block, R. J.: Chemical investigations on phenylpyruvic oligophrenia. To the American Chemical Society, Baltimore, April.

Block, R. J., and Bolling, D.: Chemical reactions involved in the determination of phenylalanine. To the American Society of Biological Chemists, Toronto, April.

Block, R. J.: Seminars on "The Comparative Biochemistry of the Proteins" and on "Some Preliminary Experiments on Phenylpyruvic Oligophrenia" before the General Seminar at Fordham College and before the departments of physiology and pharmacology of Albany Medical College, March and April.

Kondritzer, A. A.: Chemical studies in mental disease. The state of the serum proteins. To the American Society of Biological Chemists, Toronto, April.

Polatin, P.: Two lectures, one on the depressive syndrome, the other on the paranoid reaction type, delivered to the students of the New York School of Social Service.

Lectures and demonstrations of hypoglycemic shock and metrazol therapy to Neurological Institute nurses and to Presbyterian student nurses.

Kelley, K., and MacKinnon, I. H.: Organic basis for behavior disorders in children. To the New York Society for Clinical Psychiatry, April; to up-State hospital conference, Utica, May.

Cotton, J., and MacKinnon, I. H.: Sedative and stimulative medication in behavior problem children. To the up-State hospital conference, Utica, May.

Strauss, Hans, and Rahm, William E.: Organic etiology in behavior disorders. Electroencephalographic aspects. To the New York Society for Clinical Psychiatry, March 9.

Harris, M. M., Horwitz, W. A., and Mileh, E.: Prognostic aid regarding the therapeutic effect of insulin hypoglycemic shock or metrazol convulsant therapy in the psychoses. To the American Psychiatric Association, Chicago, June.

Lewis, N. D. C.: Second and third lectures of a series given at the New York Post-Graduate Medical School and Hospital, January 6 on neurasthenia and February 3 on obsessional states.

Evaluation of present research on the genetics of mental disease. Read before Association for Research in Human Heredity at New York Academy of Medicine on May 5.

The role of pathology in psychiatry. Read before the Brooklyn Neurological Society, Brooklyn, May 23.

Gave a series of 11 lectures in psychiatry to students of the New York School of Social Work weekly, from March 27 to June 17.

SYRACUSE PSYCHOPATHIC HOSPITAL

Steckel, Harry A.: Mental hygiene: its aims and objectives. Address opening a course in personal counseling for clergymen and coworkers, sponsored by National Committee for Mental Hygiene, New York State

302 ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

and Broome County mental hygiene committees, Broome County Catholic Charities and Broome County Ministerial Association, at Binghamton, January 10.

Heredity and mental disease. Before Ear, Eye, Nose and Throat Club, at Syracuse, January 17.

How to carry your load. Radio talk over WSYR, sponsored by Onondaga Health Association, March 21.

Manifestations of late syphilis. Talk before a lay group at Syracuse University College of Medicine, March 31.

Function of a child guidance clinic. Paper before section on public health, hygiene and sanitation, at annual meeting of the Medical Society of the State of New York, Syracuse, April 26.

Discussant of paper of Dr. Chambers read at section on neurology and psychiatry, annual meeting of Medical Society of State of New York, Syracuse, April 26.

Mental hygiene of everyday life. Address to student body of Green Mountain Junior College, Poultney, Vt., May 2.

Davidoff, Eugene: Child guidance. Talk to parents' group of May Memorial Church, Syracuse, February 7.

What of the dull child? To parent-teacher-association, Eastwood High School, April 4.

Social problems. Before group at First Baptist Church, April 23.

Social implications of clinical treatment for juvenile delinquency. Talk to sociology club, Maxwell School of Citizenship, Syracuse University, April 25.

Discussant of Dr. Steckel's paper. (See: Steckel, Harry A., above, fifth item.)

The treatment of alcoholic psychoses with Amphetamine Sulphate. Paper read before annual meeting of Medical Society of the State of New York, Syracuse, April 26.

Prepsychotic personality in alcoholic psychoses. Paper read before up-State interhospital conference at Utica, April 28.

The involutional psychoses. Paper read at interhospital conference, Utica, April 29.

Discussant of paper, the pharmacology of the analeptic drugs with especial reference to their effect in hibernating ground squirrels (*Citellus Tridecemlineatus*), by Drs. Carl C. Pfeiffer and David Slight, at annual meeting of the American Psychiatric Association, at Chicago, May 9.

Best methods to use in teaching of psychopathic cases. Talk to teachers in the handicapped division, adult education department, at Syracuse Psychopathic Hospital, May 24.

Discussant of paper by Dr. Lucy Cobb, The treatment of behavior problems of infancy, at meeting of Syracuse Medical School Alumni, Syracuse, June 5.

Noetzel, Elinor S.: Training and personality assets needed for the profession of social work. Speech to combined people's group of the churches of Gouverneur, at the First Baptist Church, January 22.

Getting along with our friends and our family. Talk before industrial club, Y. M. C. A., Syracuse, March 9.

Participated in a panel case discussion for the school of nursing, Syracuse University, May 20.

STATE INSTITUTIONS

LETCHEWORTH VILLAGE

Humphreys, Edward J.: Personality studies on three types of defectives. Joint meeting of staffs of New York State Training School for Boys (Warwick), Rockland State Hospital and Letchworth Village, held in the boys' school library, at Letchworth Village, January 27.

Community agencies' responsibilities in the care of mental defectives. Talk at sections on dependent children and mental hygiene, Welfare Council, New York City, January 30.

Family relationships. Interdenominational clergy of Binghamton and vicinity meeting with Broome County Society for Mental Hygiene, Binghamton, January 31.

Different types of mental defect as related to mental deficiency. Lecture, with slides, to Junior League, New York City, February 2.

Religion and a healthy mind. Talk to adult school of religion of the Asbury Church, Crestwood, March 8.

Mental hygiene and the work of the church school. Church school class of the Methodist-Episcopal Church of Nutley, N. J., March 12.

304 ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

Psychopathic personality among the mentally defective. Paper read before interhospital conference of down-State hospitals, at Psychiatric Institute and Hospital, New York City, April.

Present needs in the care of mental defectives in New York City (In collaboration with Marian McBee). Paper read at annual meeting of American Association on Mental Deficiency, Chicago, May.

The New York State program for the care of mental defectives. Address before National Conference on Social Work, Buffalo, June.

Kinder, Elaine F.: The work of the clinical psychologist in State institutions and hospitals. To class in abnormal psychology at Cornell University, Ithaca, January.

Moderator for panel discussion on Psychological service and research in State institutions. At annual meeting of American Association on Mental Deficiency, Chicago, May.

A comparative study of institutionalized and noninstitutionalized subnormal girls. (In collaboration with Theodora M. Abel.) Paper read at annual meeting of American Association on Mental Deficiency, Chicago, May.

Hamlin, Roy: Relationship of psychometric scores to success on parole, of high grade defective girls. At annual meeting of Eastern Psychological Association, Bryn Mawr, Pa., March.

Lathrop, Bennett: A study of tooth eruption in one thousand female patients in Letchworth Village. At annual meeting of American Association on Mental Deficiency, Chicago, May.

Jervis, George A.: The genetics of phenylpyruvic oligophrenia: a study of the influence of heredity on mental deficiency. Read at annual meeting of American Association on Mental Deficiency, Chicago, May.

SYRACUSE STATE SCHOOL

Deren, S. D.: The following lectures, on the dates indicated, to groups of student nurses of Memorial Hospital, Syracuse:

Nursing care of mental deficient children in health and disease, January 5.

Reaction of the mentally defective in health and disease, March 21.
Physical and mental peculiarities of the mentally deficient child, June 20.

Educating and training the mentally defective, and Social control of the mentally deficient. Two lectures to psychology class of City Normal School, Syracuse, May 2 and 4.

Psychology of the mentally handicapped. To students of mental hygiene, Syracuse University, May 10.

The mentally defective group—physical, emotional and mental peculiarities, and what is done for them in State institutions. To sophomore medical students, Syracuse University, May 11.

Social control of the mentally deficient. To junior medical students, Syracuse University, May 13.

McKay, B. Elizabeth, and Cashore, Helen: The value of academic teaching for mentally retarded children in an institution. Paper read at the up-State interhospital conference, Utica, April 29.

NEWARK

Hubbell, Hiram G.: Clinical demonstrations to the following groups on the dates indicated:

Students in social psychology, Hobart College, February 23.

Students in psychiatric social case work, School of Medicine and Dentistry, University of Rochester, April 19.

Students in abnormal psychology, College of Arts and Science, University of Rochester, May 4.

Students in sociology of Niagara University; nurses of St. Mary's Hospital of Rochester and students in social psychology of William Smith and Hobart colleges, May 9.

Students of Lima High School, May 23.

Results of family care of patients at the Newark State School. Paper presented before annual meeting of National Conference on Social Work, Buffalo, June 22.

Hoeffler, John C.: The value of Boy Scouting in State institutions. Paper presented before up-State interhospital conference at Utica, April 29.

Demonstration of two cases of congenital syphilis and one case of syphilitic aneurysm. Paper presented before the Wayne County Medical Society, Newark, April 14.

Sirkin, Jacob: Social diseases. Paper presented before the Reed class of the Presbyterian Church, Newark, February 27.

306 ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

Birth injuries. A paper, illustrated by motion pictures, presented before the Lions Club, Newark, March 29.

Critical analysis of five years' work with cases of cerebral palsy. Paper presented before the American Association on Mental Deficiency, Chicago, May 6.

Donk, Rose R.: Tuberculosis survey in the Newark State School. A paper read before the Wayne County Medical Society, Newark, April 4; a similar paper read to the Neuron Club, at Newark, May 20.

Pollock, Dorothy A.: 4-H clubs for mental defectives. Paper presented at meeting of American Association on Mental Deficiency, Chicago, May 6.

Lyons, William F.: Treatment of speech defects in a State school. Paper read to American Association on Mental Deficiency, Chicago, May 6.

Demonstration and treatment of speech defects. Paper presented to the Neuron Club, Newark, May 20.

WASSAIC

Tower, Louise F.: Mental deficiency. Lecture to students at Skidmore College, Saratoga Springs, March 17.

Pense, Arthur W.: Clinical demonstrations and lectures on mental deficiency to the following groups on the dates indicated:

Student nurses of Harlem Valley State Hospital, February and June 13.

Student nurses of Hudson River State Hospital, May 16.

CRAIG COLONY

Shanahan, William T.: History of Sonyea and establishment and development of Craig Colony. Talk before Geneseo Rotary Club, January 16; a similar talk before the Wayland Rotary Club, February 6.

Doolittle, Glenn J.: Illustrated talk on Craig Colony. To psychology club of Geneseo State Normal School, January 25.

Clinical demonstrations to 50 students of psychology from University of Buffalo, April 27.

Clinic for 18 students of sociology from Houghton College, April 21. Lecture and clinical demonstration to 65 professors and students from Niagara University, May 17.

OFFICES OF THE DEPARTMENT AT ALBANY

Pollock, Horatio M.: Mental disease in New York State. Address at opening of Pan-American Neuropsychiatric Congress, at Lima, Peru, March 20.

The future of family care of mental patients in America. Paper presented at annual meeting of American Association on Mental Deficiency, Chicago, May 3.

Hereditary and environmental factors in the causation of manic-depressive psychoses and dementia praecox (In collaboration with Benjamin Malzberg). Paper at annual meeting of American Psychiatric Association, Chicago, May 11.

A statistical study of 1,140 dementia praecox patients treated with metrazol. Paper read at Quarterly Conference of Department of Mental Hygiene, at Albany, March 18. (Appears in PSYCHIATRIC QUARTERLY, Vol. 13, No. 3, July, 1939.)

Mental disease in Peru. Paper to be published in American Journal of Psychiatry.

NEWS AND COMMENT

Adelbert David Dye was born June 9, 1877 in Towanda, Pa., where he received his early education. He graduated from Syracuse University in 1902 as Ph. B., and from Hahnemann Medical College of Philadelphia, in 1905 as M. D.

He practieed in the state of Pennsylvania; later was appointed to the medical staff of Westborough State Hospital, Westborough, Mass., in 1924 and transferred to Danville State Hospital, Danville, Pa., in 1925; was appointed on the medical staff of the Gowanda State Homeopathic Hospital as assistant physician, June 22, 1928, and was promoted to the grade of senior assistant physician.

He was married November 24, 1909 and has one child, Judith Louise.

His membership in scientific societies included Pennsylvania State Homeopathic Society, Montour County (Pa.) Medical Society and the Massachusetts Mental Hygiene Society.

Surviving him are his wife, Mrs. Barbara Dye, and his daughter, Judith.

—Of the books received at the office of this publication, a recent study entitled "The Mental Hygiene Movement from the Philanthropic Standpoint" is among the most commendable. Only seventy-three pages (but well printed and bound), it tells with astonishing economy of words, the tale of this humanitarian effort; tells of its youth, of its obstacles; tells of its backgrounds; tells of its needs, which are all too manifest to psychiatrists, social workers and administrators. Here, however, in language clear and supported by reference to leading contemporary writers, the message is presented to the public-spirited person by the department of philanthropic information of the Central Hanover Bank and Trust Company, of New York.

**GENERAL STATISTICAL INFORMATION RELATING TO STATE
HOSPITALS, STATE SCHOOLS AND CRAIG COLONY**

CENSUS OF JULY 1, 1939

Patient population:

Civil State hospitals:

In hospitals	69,246
In family care	497
On parole	6,580
	76,323

Dannemora and Matteawan 2,559

Private licensed institutions for mental disease 5,172

Institutions for mental defectives:

In institutions proper	13,110
In colonies	1,756
In family care	315
On parole	1,685
	16,866
Licensed institutions for mental defectives	489
Institutions for defective delinquents	2,080
Craig Colony for epileptics	2,574
Total	106,063

Certified capacity of civil State hospitals	60,477
Certified capacity of Dannemora and Matteawan	1,791
Certified capacity of institutions for mental defectives	11,495
Certified capacity of Craig Colony for epileptics	1,990
Medical officers in civil State hospitals	398
Medical officers in Dannemora and Matteawan	14
Medical officers in institutions for mental defectives.....	46
Medical officers in Craig Colony for epileptics	12
Employees in civil State hospitals	15,877
Employees in Dannemora and Matteawan	825
Employees in institutions for mental defectives	2,834
Employees in Craig Colony for epileptics	484

MOVEMENT OF EMPLOYEES IN THE CIVIL STATE HOSPITALS DURING THE YEAR ENDED JUNE 30, 1939

Excluding Psychiatric Institute and Hospital and Syracuse Psychopathic Hospital.

MOVEMENT OF PATIENTS IN THE CIVIL STATE HOSPITALS DURING THE YEAR ENDED JUNE 30, 1939, AS REPORTED BY SUPERINTENDENTS,
AND STATEMENT OF CAPACITY AND OVERCROWDING, JUNE 30, 1939

STATE HOSPITALS	Census, July 1, 1938	ADMISSIONS		DISCHARGES		OVERCROWDING		Number Certified capacity Census, June 30, 1939	Percent Overcrowding						
		Total	Transfers	Total	Deceased	Transferred	Not Insane								
Binghamton.....	3,080	403	104	5	151	100	75	19	12	562	3,030	2,391	367	15.3	
Brooklyn.....	2,778	1,947	451	17	2,415	386	197	159	60	2	615	1,693	3,500	2,203	53.7
Buffalo.....	2,461	1,444	115	13	572	107	101	57	26	3	215	29	538	2,495	1,942
Central Islip.....	7,141	1,416	361	16	1,793	264	249	99	62	11	428	92	1,205	7,729	5,712
Creedmoor.....	4,820	756	191	27	974	274	102	76	32	5	302	76	867	4,927	3,504
Gowanda.....	2,392	364	102	27	493	102	46	55	21	16	167	11	418	2,467	2,228
Harlem Valley.....	4,702	416	108	18	542	74	60	32	25	12	275	12	490	4,754	3,972
Hudson River.....	4,668	487	232	32	751	119	89	64	30	21	363	22	708	4,711	4,014
Kings Park.....	5,971	750	330	316	1,396	141	207	80	36	5	280	377	1,126	6,241	4,986
Manhattan.....	4,147	1,269	173	11	1,442	566	176	133	47	1	716	48	1,687	3,902	3,452
Marcy.....	2,660	494	119	19	632	92	87	74	25	22	232	18	527	2,742	2,140
Middletown.....	3,565	246	87	79	412	66	62	48	32	1	182	13	404	3,573	2,780
Pilgrim.....	8,549	1,251	227	75	1,553	172	142	80	58	6	533	95	1,086	9,016	7,831
Psy. Inst. and Hosp.	224	209	41	3	253	58	66	78	78	38	..	..	318	159	210
Rochester.....	3,335	469	107	7	583	78	84	41	17	20	276	17	533	3,385	2,750
Rockland.....	5,567	1,343	400	11	1,754	278	245	154	56	11	371	65	1,180	6,141	4,700
St. Lawrence.....	2,286	280	71	3	354	110	17	12	13	6	185	13	356	2,284	1,721
Syracuse Psy. Hosp.	54	556	131	..	687	107	62	64	157	13	222†	687	54	60	-7
Utica.....	2,005	475	110	4	589	134	82	63	28	36	189	20	552	2,042	1,336
Willard.....	3,114	299	69	120	488	62	72	28	17	6	231	15	431	3,171	2,543
Total.....	73,519	13,874	3,529	792	18,195	3,341	2,246	1,470	746	386	5,771	1,431	15,391	76,323	60,475

*Excluding Psychiatric Institute and Hospital and Syracuse Psychopathic Hospital. †Committed to other institutions.

**MOVEMENT OF EMPLOYEES IN THE STATE INSTITUTIONS FOR MENTAL DEFECTIVES AND EPILEPTICS DURING THE YEAR ENDED
JUNE 30, 1939**

GENERAL STATISTICAL INFORMATION

313

MOVEMENT OF PATIENTS IN THE STATE INSTITUTIONS FOR MENTAL DEFECTIVES AND EPILEPTICS DURING THE YEAR ENDED JUNE 30,
1939, AS REPORTED BY SUPERINTENDENTS AND STATEMENT OF CAPACITY AND OVERCROWDING ON JUNE 30, 1939

STATE INSTITUTIONS	Census, July 1, 1938	ADMISSIONS		DISCHARGES		Census, June 30, 1939	Overcrowding in Institutions Number Per cent										
		Transfers	Readmissions	Total	Died												
					Not defective	Defective	Net mentally defective	Net epileptic	Total								
State Schools for Mental Defectives																	
Letchworth Village.....	4,044	403	60	1	464	164	72	5	..	60	2	303	4,205	3,120	663	21.3	
Newark	2,838	264	20	3	287	59	47	1	..	37	..	144	2,981	1,874	281	15.0	
Rome	3,620	245	37	9	291	54	46	..	..	63	1	164	3,747	2,280	42	1.8
Syracuse	1,436	81	1	13	95	114	3	..	..	4	2	123	1,408	677	41	..
Wassaic	4,312	471	41	7	519	177	48	..	..	65	16	306	4,525	3,544	670	18.9
Total	16,250	1,464	159	33	1,656	568	216	6	..	229	21	1040	16,866	11,495	1,615	14.0	
Craig Colony for Epileptics	2,521	294	31	..	325	70	123	2	77	..	272	2,574	1,990	344	17.3

INDEX TO VOL. XIII

Addresses, lectures, special educational activities, 142.....	277
Bailey, Harriet: General summary of reports of surveys of schools of nursing in the State hospitals, March, 1938.....	39
Bibliography of officers, 138.....	272
Changes in personnel in the medical service, 128.....	269
Child guidance clinics, lines of development of.....	31
Civil service eligible lists for positions in the Department of Mental Hygiene, 133.....	271
Committees, reports of: construction, 68, 92, 240; home and commu- nity care, 236; preventive work, 70; nursing, 93; uniforms, 96 ...	239
Creedmoor State Hospital, history and development of.....	77
Davidoff, Eugene: Function of the mental hygiene clinic in regard to juvenile conduct disorders, Part III, 45; Part IV.....	181
Farrington, Lewis M.: Legislation of 1939 of interest to the Depart- ment of Mental Hygiene.....	209
General statistical information, 154.....	309
Legislation of 1939 of interest to the Department of Mental Hygiene..	209
Letters relative to heroic acts.....	98
Lines of development of child guidance clinics.....	31
Little Red Schoolhouse, the, at Kings Park State Hospital.....	171

INDEX TO VOLUME XIII	315
Mack, Gertrude: Statistical review of occupational therapy, 1938	196
Mental defectives, treatment and training of	165
Mental hygiene clinics in regard to juvenile conduct disorders, Part III, 45; Part IV	181
Mills, George W.: History and development of Creedmoor State Hospital	77
Minutes of the Quarterly Conferences, September 17, 1938, 57; December 17, 1938, 81; March 18, 1939	224
Munro, Thomas Hill, memorial to	212
New institution features (administration, construction, occupation, improvement, etc.), 100	244
News and comment, 153	308
Noetzel, Elinor S.: Function of the mental hygiene clinic in regard to juvenile conduct disorders, Part III, 45, Part IV	181
Noteworthy occurrences, 106	252
Occupational therapy, statistical review of, 1938	196
Polatin, Philip: Suicide, a review	7
Pollock, Horatio M.: Statistical review of occupational therapy, 1938	196
Schools of nursing, reports of surveys of	39
Sirkin, Jacob: Treatment and training of mental defectives	165
Stevenson, George S.: Lines of development of child guidance clinics	31

Suicide: A review.....	7
Vaux, Charles L., memorial to.....	72
Vink, Gertrude: The Little Red Schoolhouse at Kings Park State Hospital	171

VOL. 13

JULY, 1939

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ISSUED TWICE YEARLY, IN JANUARY AND JULY

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**The Function of the Mental Hygiene Clinic with Regard to Juvenile
Conduct Disorders**

**Statistical Review of Occupational Therapy in New York Civil State
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Quarterly Conference

Department News

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